



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(No Mail Only; No Insurance Coverage Provided)
 For information, visit our website at www.usps.com

7110 6605 9590 0012 6806

Postage	\$		Pcstmark Here
Certified Fee		\$1.05	
Return Receipt Fee (endorsement Required)		\$2.80	
Restricted Delivery Fee (endorsement Required)		\$2.30	
Total Postage & Fees	\$	\$6.15	

Content To: P ELENA SANCHEZ
 C/O BANK OF OKLAHOMA NA AGENT
 PO BOX 1588
 TULSA, OK 74101

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



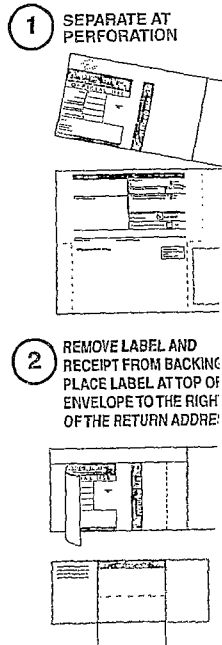
7110 6605 9590 0012 6806

P ELENA SANCHEZ
 C/O BANK OF OKLAHOMA NA AGENT
 PO BOX 1588
 TULSA, OK 74101

Batch #: 2194
 Article #: 71106605959000126806
 Date/Time: 8/31/2010 12:34:15 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

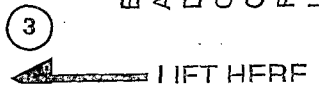
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6806	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
P ELENA SANCHEZ C/O BANK OF OKLAHOMA NA AGENT PO BOX 1588 TULSA, OK 74101	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6806	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
P ELENA SANCHEZ C/O BANK OF OKLAHOMA NA AGENT PO BOX 1588 TULSA, OK 74101	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2194
 Article #: 71106605959000126806
 Date/Time: 8/31/2010 12:34:15 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
For more information, visit our website at www.usps.com

7110 6605 9590 0012 6813

Postage	\$		Postmark Here
	\$1.05		
Certified Fee	\$2.80		
Return Receipt Fee (endorsement Required)	\$2.30		
Restricted Delivery Fee (endorsement Required)	\$0.00		
Total Postage & Fees	\$	\$6.15	

sent To
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

**P. J. HANNIFIN FAMILY TRUST,
 765 SANTA CAMELIA DR
 SOLANA BEACH, CA 92075**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



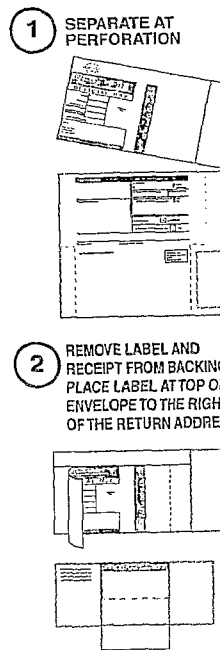
7110 6605 9590 0012 6813

**P. J. HANNIFIN FAMILY TRUST,
 765 SANTA CAMELIA DR
 SOLANA BEACH, CA 92075**

Batch #: 2194
 Article #: 71106605959000126813
 Date/Time: 8/31/2010 12:34:15 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

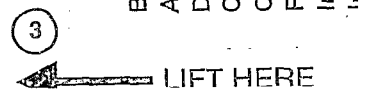
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6813	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
P. J. HANNIFIN FAMILY TRUST, 765 SANTA CAMELIA DR SOLANA BEACH, CA 92075	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6813	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
P. J. HANNIFIN FAMILY TRUST, 765 SANTA CAMELIA DR SOLANA BEACH, CA 92075	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		

Batch #: 2194
 Article #: 71106605959000126813
 Date/Time: 8/31/2010 12:34:15 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only; No Insurance Coverage Provided
 For more information, visit our website at www.usps.com

7110 6605 9590 0012 6820

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

sent To
 Street, Apt. No.: PABLO LENNY CANDELARIA
 PO Box No. PO BOX 348
 City, State, Zip+4 BLANCO, NM 87412

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6820

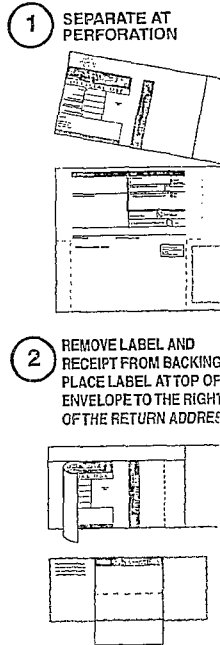
PABLO LENNY CANDELARIA
 PO BOX 348
 BLANCO, NM 87412

Batch #: 2194
 Article #: 71106605959000126820
 Date/Time: 8/31/2010 12:34:15 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6820	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
PABLO LENNY CANDELARIA PO BOX 348 BLANCO, NM 87412	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6820	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
PABLO LENNY CANDELARIA PO BOX 348 BLANCO, NM 87412	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

Code: Allocation Project - D.Howell

Batch #: 2194
 Article #: 71106605959000126820
 Date/Time: 8/31/2010 12:34:15 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
 For more information visit our website at www.usps.com

7110 6605 9590 0012 6837

Postage	\$		Postmark Here
Certified Fee		\$1-05	
Return Receipt Fee (endorsement Required)		\$2-80	
Restricted Delivery Fee (endorsement Required)		\$2-30	
Total Postage & Fees	\$	\$6-15	

sent To
 Street, Apt. No.,
 PO Box No.,
 City, State, Zip+4

PAMELA POLLOCK BRUNS
1130 FISKE
PACIFIC PALISADE, CA 90272

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6837

PAMELA POLLOCK BRUNS
1130 FISKE
PACIFIC PALISADE, CA 90272

Batch #: 2194
 Article #: 71106605959000126837
 Date/Time: 8/31/2010 12:34:15 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 6837

1. Article Addressed to:

PAMELA POLLOCK BRUNS
1130 FISKE
PACIFIC PALISADE, CA 90272

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

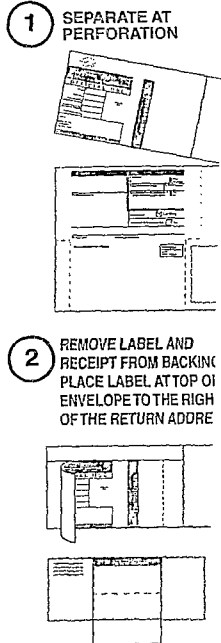
A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 6837

1. Article Addressed to:

PAMELA POLLOCK BRUNS
1130 FISKE
PACIFIC PALISADE, CA 90272

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
xBill Bruns Addressee

B. Received by (Printed Name) C. Date of Delivery
Bill Bruns

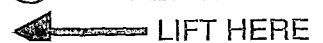
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

3

Batch #: 2194
 Article #: 71106605959000126837
 Date/Time: 8/31/2010 12:34:15 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Mail Only, No Insurance Coverage Provided)
 Delivery Information Visit our website at www.usps.com
 7110 6605 9590 0012 6844

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

Send To
 Street, Apt. No.;
 or PO Box No.
 City, State, Zip+4

PAMELA GRAY BALDWIN
C/O TR MIN SECTION 1049334
PO BOX 99084
FORT WORTH, TX 76199-0084

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6844

PAMELA GRAY BALDWIN
C/O TR MIN SECTION 1049334
PO BOX 99084
FORT WORTH, TX 76199-0084

Batch #: 2195
 Article #: 71106605959000126844
 Date/Time: 8/31/2010 12:42:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

PS Form 3800, August 2009. See Reverse for Instructions.

Reorder Form LCD-811R Rev. 01/07

2. Article Number

7110 6605 9590 0012 6844

1. Article Addressed to:

PAMELA GRAY BALDWIN
C/O TR MIN SECTION 1049334
PO BOX 99084
FORT WORTH, TX 76199-0084

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

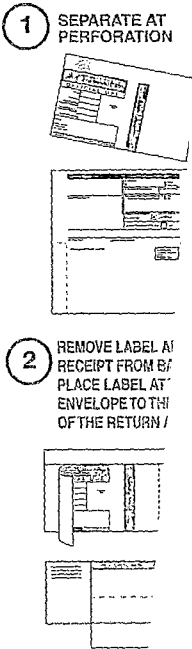
A. Signature Agent
 Addressee
X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 6844

1. Article Addressed to:

PAMELA GRAY BALDWIN
C/O TR MIN SECTION 1049334
PO BOX 99084
FORT WORTH, TX 76199-0084

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X [Signature]

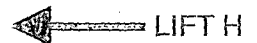
B. Received by (Printed Name) C. Date of Delivery
[Signature]

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000126844
 Date/Time: 8/31/2010 12:42:22 PM
 Code: Allocation Project - D.Howell
 Code2:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
Mail Only, No Insurance Coverage Provided
For delivery information visit our website at www.usps.com
7110 6605 9590 0012 6851

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

sent To
 Street, Apt. No.,
 PO Box No.,
 City, State, Zip+4

**PAMELA I CLUTE
 4300 S DAHLIA ST
 ENGLEWOOD, CO 80113**

Form 3800, August 2005, See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER ON TOP OF ENVELOPE OR TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL

7110 6605 9590 0012 6851

**PAMELA I CLUTE
 4300 S DAHLIA ST
 ENGLEWOOD, CO 80113**

Batch #: 2195
 Article #: 71106605959000126851
 Date/Time: 8/31/2010 12:42:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 01/07

2: Article Number

7110 6605 9590 0012 6851

1. Article Addressed to:

**PAMELA I CLUTE
 4300 S DAHLIA ST
 ENGLEWOOD, CO 80113**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

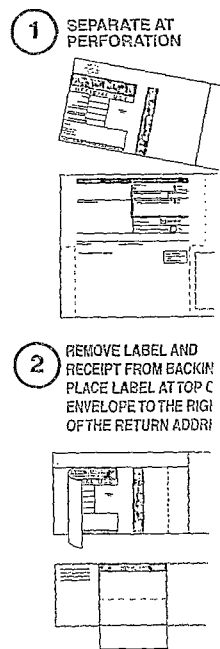
A. Signature Agent Addressee
X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES enter delivery address below:

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2: Article Number

7110 6605 9590 0012 6851

1. Article Addressed to:

**PAMELA I CLUTE
 4300 S DAHLIA ST
 ENGLEWOOD, CO 80113**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

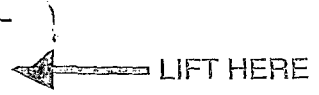
B. Received by (Printed Name) C. Date of Delivery
 9-4-10

D. Is delivery address different from item 1? Yes No
 If YES enter delivery address below:

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000126851
 Date/Time: 8/31/2010 12:42:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
 Mail Only, No Insurance Coverage Provided
 For delivery information visit us online at www.usps.com
 7510 6605 9590 0012 6868

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Sent To
 Street, Apt. No., PO Box No., City, State, Zip+4

PAMELA JULIET DENNIS
231 MIDDLEBURY
SAN ANTONIO, TX 78217-5723

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7510 6605 9590 0012 6868

PAMELA JULIET DENNIS
231 MIDDLEBURY
SAN ANTONIO, TX 78217-5723

Batch #: 2195
 Article #: 71106605959000126868
 Date/Time: 8/31/2010 12:42:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

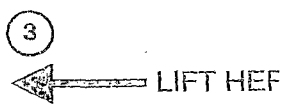
Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7510 6605 9590 0012 6868	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
PAMELA JULIET DENNIS 231 MIDDLEBURY SAN ANTONIO, TX 78217-5723	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		

- 1 SEPARATE AT PERFORATION
- 2 REMOVE LABEL AND RECEIPT FROM BACK PLACE LABEL AT TO ENVELOPE TO THE FRONT OF THE RETURN ADDRESS

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7510 6605 9590 0012 6868	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
PAMELA JULIET DENNIS 231 MIDDLEBURY SAN ANTONIO, TX 78217-5723	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		

Batch #: 2195
 Article #: 71106605959000126868
 Date/Time: 8/31/2010 12:42:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
Mail Only. No Insurance Coverage Provided.
 PS Form 3811, PSN 7510-01-000-9001 Rev. 10-2009
 7110 6605 9590 0012 6875

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To **PAT D & CRUZELIA MONTOYA LIVING TRU**
 211 HWY 511
 BLANCO, NM 87412

PS Form 3811, August 2009, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6875

PAT D & CRUZELIA MONTOYA LIVING TRU
 211 HWY 511
 BLANCO, NM 87412

Batch #: 2195
 Article #: 71106605959000126875
 Date/Time: 8/31/2010 12:42:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8-01/07

2. Article Number
 7110 6605 9590 0012 6875

1. Article Addressed to:
PAT D & CRUZELIA MONTOYA LIVING TRU
 211 HWY 511
 BLANCO, NM 87412

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

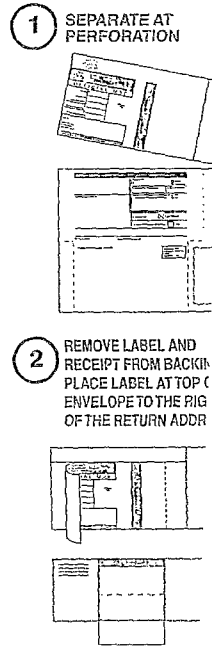
A. Signature Agent Addressee
X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES enter delivery address below:

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
 7110 6605 9590 0012 6875

1. Article Addressed to:
PAT D & CRUZELIA MONTOYA LIVING TRU
 211 HWY 511
 BLANCO, NM 87412

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *D. Howell*

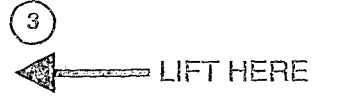
B. Received by (Printed Name) C. Date of Delivery
D. Howell

D. Is delivery address different from item 1? Yes No
 If YES enter delivery address below:

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000126875
 Date/Time: 8/31/2010 12:42:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(Mail Only, No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

7110 6605 9590 0012 6882

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To **PAT S BOLIN**
2525 KELL #510
WICHITA FALLS, TX 76308

Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6882

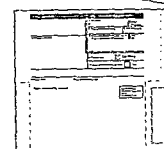
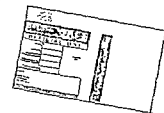
PAT S BOLIN
 2525 KELL #510
 WICHITA FALLS, TX 76308

Batch #: 2195
 Article #: 71106605959000126882
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

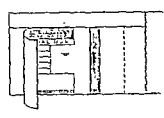
Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6882	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to: PAT S BOLIN 2525 KELL #510 WICHITA FALLS, TX 76308	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6882	A. Signature <input type="checkbox"/> Agent x Robin Gibson <input type="checkbox"/> Addressee	
1. Article Addressed to: PAT S BOLIN 2525 KELL #510 WICHITA FALLS, TX 76308	B. Received by (Printed Name) Robin Gibson	C. Date of Delivery 9/7/10
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		

Batch #: 2195
 Article #: 71106605959000126882
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:

3



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only; No Insurance Coverage Provided)
 For delivery information, visit our website at www.usps.com
 7110 6605 9590 0012 6899

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Send To
 Street, Apt. No.,
 or PO Box No.
 City, State, Zip+4

PATRICIA ANN ASHBURN
7095 69TH ST
VERO BEACH, FL 32967

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6899

PATRICIA ANN ASHBURN
7095 69TH ST
VERO BEACH, FL 32967

Batch #: 2195
 Article #: 71106605959000126899
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

PS Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD-81 Rev. 01/07

2. Article Number

7110 6605 9590 0012 6899

1. Article Addressed to:

PATRICIA ANN ASHBURN
7095 69TH ST
VERO BEACH, FL 32967

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

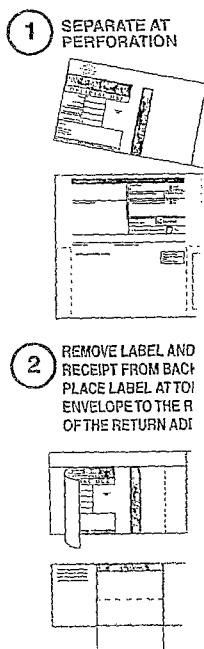
A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 6899

1. Article Addressed to:

PATRICIA ANN ASHBURN
7095 69TH ST
VERO BEACH, FL 32967

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

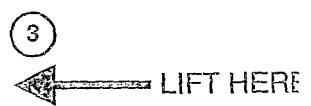
B. Received by (Printed Name) C. Date of Delivery
W Ashburn **9/2/10**

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000126899
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(For Mail Only, No Insurance Coverage Provided)
 For information visit our website at www.usps.com
 7110 6605 9590 0012 6905

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

ent To **PATRICIA B MASI**
1300 SYLVAN DR
HADDON HEIGHTS, NJ 08035-1230

Street, Apt. No.;
 PO Box No.
 City, State, Zip+4

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6905

PATRICIA B MASI
1300 SYLVAN DR
HADDON HEIGHTS, NJ 08035-1230

Batch #: 2195
 Article #: 71106605959000126905
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 6905

1. Article Addressed to:

PATRICIA B MASI
1300 SYLVAN DR
HADDON HEIGHTS, NJ 08035-1230

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

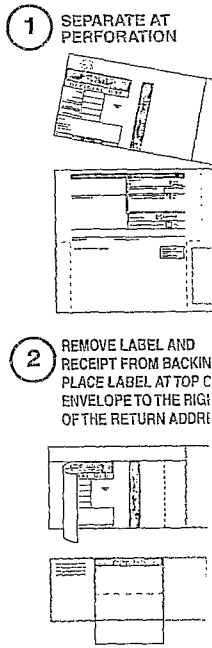
A. Signature Agent Addressee
X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES enter delivery address below:

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 6905

1. Article Addressed to:

PATRICIA B MASI
1300 SYLVAN DR
HADDON HEIGHTS, NJ 08035-1230

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

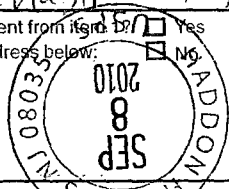
A. Signature Agent Addressee
X Patricia B Masi

B. Received by (Printed Name) C. Date of Delivery
Patricia B Masi 9/8/10

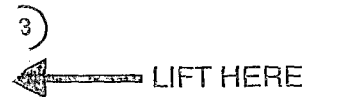
D. Is delivery address different from item 1? Yes No
 If YES enter delivery address below:

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2195
 Article #: 71106605959000126905
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
 For more information visit our website at www.usps.com
 7110 6605 9590 0012 6912

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To **PATRICIA ELLEN ELLSWORTH**
 4608 CAYETANA PL NW
 ALBUQUERQUE, NM 87120

Street, Apt. No.,
 PO Box No.,
 City, State, Zip+4

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6912

PATRICIA ELLEN ELLSWORTH
 4608 CAYETANA PL NW
 ALBUQUERQUE, NM 87120

Batch #: 2195
 Article #: 71106605959000126912
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

PS Form 3811, August 2006. See Reverse for Instructions

Recorder Form LCD-01/07

2. Article Number

7110 6605 9590 0012 6912

1. Article Addressed to:

PATRICIA ELLEN ELLSWORTH
 4608 CAYETANA PL NW
 ALBUQUERQUE, NM 87120

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

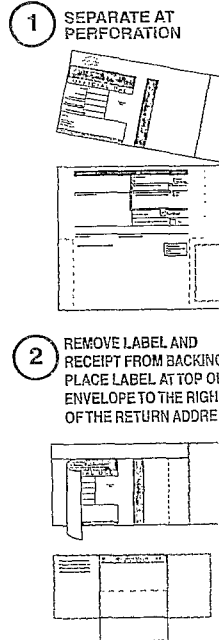
A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 6912

1. Article Addressed to:

PATRICIA ELLEN ELLSWORTH
 4608 CAYETANA PL NW
 ALBUQUERQUE, NM 87120

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Patricia Ellsworth Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000126912
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
 For more information visit us at www.usps.com

7110 6605 9590 0012 6929

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Delivered To
 Patricia G Harvey
 1545 LONDON RD
 CHARLOTTESVILLE, VA 22901

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6929

PATRICIA G HARVEY
 1545 LONDON RD
 CHARLOTTESVILLE, VA 22901

Batch #: 2195
 Article #: 71106605959000126929
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

PS Form 3810, August 2006, V.01. See Reverse for Instructions

Reorder Form LCD-6 v. 01/07

2. Article Number

7110 6605 9590 0012 6929

1. Article Addressed to:

PATRICIA G HARVEY
 1545 LONDON RD
 CHARLOTTESVILLE, VA 22901

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

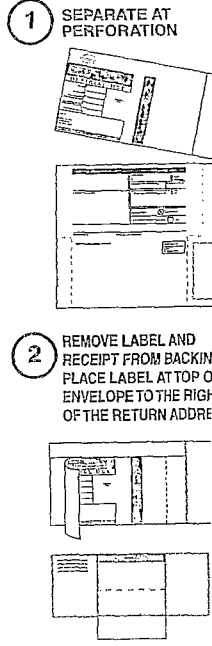
A. Signature Agent Addressee
 X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES enter delivery address below:

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 6929

1. Article Addressed to:

PATRICIA G HARVEY
 1545 LONDON RD
 CHARLOTTESVILLE, VA 22901

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Test Ruttle*

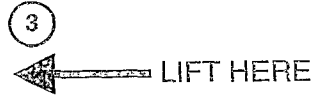
B. Received by (Printed Name) C. Date of Delivery
 9/13/10

D. Is delivery address different from item 1? Yes No
 If YES enter delivery address below:

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000126929
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
Mail Only, No Insurance Coverage Provided
 For delivery information, visit our Website at www.usps.com
 7110 6605 9590 0012 6936

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To **PATRICIA LAURIE FRANCIL**
 4556 CR 240
 DURANGO, CO 81301

Street, Apt. No.;
 PO Box No.
 City, State, Zip+4

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO RETURN TO THE OFFICE OF THE RETURN ADDRESS TO BE DATED LINE
CERTIFIED MAIL

7110 6605 9590 0012 6936

PATRICIA LAURIE FRANCIL
 4556 CR 240
 DURANGO, CO 81301

Batch #: 2195
 Article #: 71106605959000126936
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal Code #:

Reorder Form LCD-811 01/07

2. Article Number

7110 6605 9590 0012 6936

1. Article Addressed to:

PATRICIA LAURIE FRANCIL
 4556 CR 240
 DURANGO, CO 81301

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

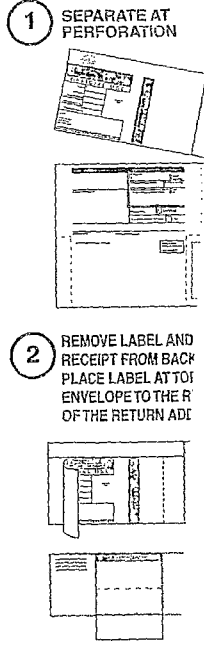
A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 6936

1. Article Addressed to:

PATRICIA LAURIE FRANCIL
 4556 CR 240
 DURANGO, CO 81301

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

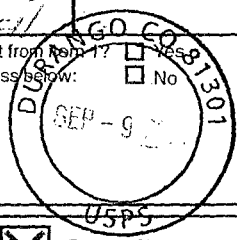
A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

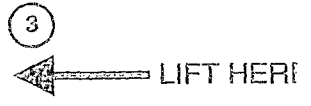
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2195
 Article #: 71106605959000126936
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only - Certain Restrictions & Coverages Provided)
 For more information visit our website at www.usps.com

7110 6605 9590 0012 6943

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (Endorsement Required)	\$ 2.30	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

Send To
 Street, Apt. No.;
 or PO Box No.
 City, State, Zip+4

**PATRICIA N RIGG
 1303 N WALNUT
 TUCSON, AZ 85712**

PS Form 3811, August 2009. See Reverse for Instructions

Code: Allocation Project - D.Howell

PLEASE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. HOLD TO POSITION LINE.
CERTIFIED MAIL™

7110 6605 9590 0012 6943

**PATRICIA N RIGG
 1303 N WALNUT
 TUCSON, AZ 85712**

Batch #: 2195
 Article #: 71106605959000126943
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 6943

1. Article Addressed to:

**PATRICIA N RIGG
 1303 N WALNUT
 TUCSON, AZ 85712**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

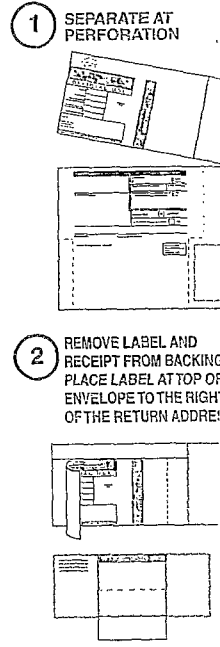
A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 6943

1. Article Addressed to:

**PATRICIA N RIGG
 1303 N WALNUT
 TUCSON, AZ 85712**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

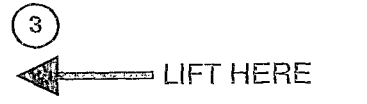
B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000126943
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
 (Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

7110 6605 9590 0012 6950

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

ent To
 street, Apt. No.;
 r PO Box No.
 ity, State, Zip+4

**PATRICIA SIMPSON TRUST
 C/O U S TR CO OF NY PAT HUGHES
 114 W 47TH ST - 8TH FLR
 NEW YORK, NY 10036**

Form 3800, August 2006, N.Y. See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS FOLD AT DOTTED LINE

CERTIFIED MAIL™

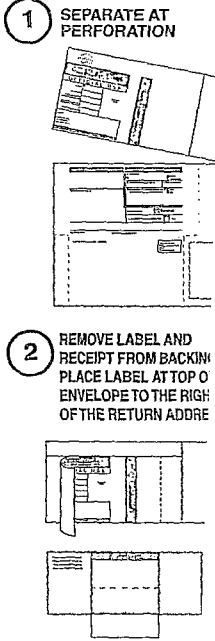
7110 6605 9590 0012 6950

**PATRICIA SIMPSON TRUST
 C/O U S TR CO OF NY PAT HUGHES
 114 W 47TH ST - 8TH FLR
 NEW YORK, NY 10036**

Batch #: 2195
 Article #: 71106605959000126950
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6950	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
PATRICIA SIMPSON TRUST C/O U S TR CO OF NY PAT HUGHES 114 W 47TH ST - 8TH FLR NEW YORK, NY 10036	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

**Lisa Hunter, Land Department
 SJBUConocoPhillips
 P.O. Box 4289
 Farmington, NM 87499**

Batch #: 2195
 Article #: 71106605959000126950
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:

3
 LIFT HERE



U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
 For more information visit our website at www.usps.com

7110 6605 9590 0012 6967

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

ent To
 PATRICIA STEELE
 1105 GRAND AVE
 EVERETT, WA 98201

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6967

PATRICIA STEELE
 1105 GRAND AVE
 EVERETT, WA 98201

Batch #: 2195
 Article #: 71106605959000126967
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number

7110 6605 9590 0012 6967

1. Article Addressed to:

PATRICIA STEELE
 1105 GRAND AVE
 EVERETT, WA 98201

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

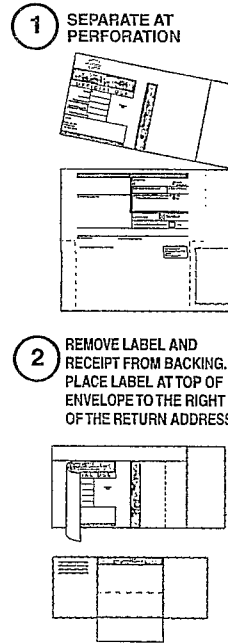
A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES enter delivery address below:

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

Lisa Hunter, Land Department
 SJBUConocoPhillips
 P.O. Box 4289
 Farmington, NM 87499

Batch #: 2195
 Article #: 71106605959000126967
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



Reorder Form LCD- rev. 01/07

San Juan Business
PO Box 4289
Farmington NM 87499-4289

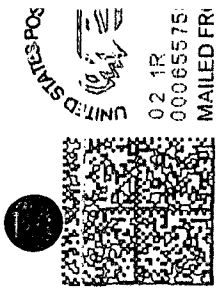


7110 6605 9590 0012 6967

1st NOTICE 9/7 INITIALS PS
2nd NOTICE 9-17 INITIALS
RETURN 9-23 INITIALS



PS





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(For Mail Only, No Insurance Coverage Provided)
 For information visit our website at www.usps.com

7110 6605 9590 0012 6974

Postage	\$ 1.05	Posimark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

sent To
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

PATRICIA VELARDE
409 SAN MEDINA
FARMINGTON, NM 87401

Form 3800 August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



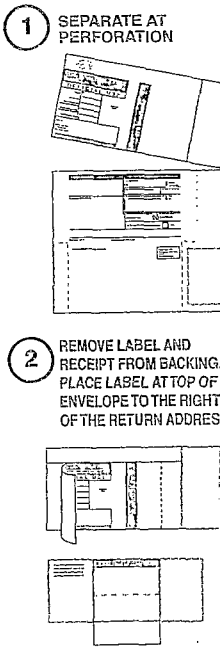
7110 6605 9590 0012 6974

PATRICIA VELARDE
409 SAN MEDINA
FARMINGTON, NM 87401

Batch #: 2195
 Article #: 71106605959000126974
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

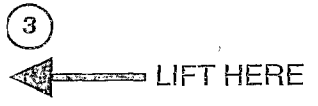
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6974	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
PATRICIA VELARDE 409 SAN MEDINA FARMINGTON, NM 87401	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6974	A. Signature <input type="checkbox"/> Agent X <i>Patricia Velarde</i> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
PATRICIA VELARDE 409 SAN MEDINA FARMINGTON, NM 87401	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2195
 Article #: 71106605959000126974
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Insurance Coverage Provided)
For information visit our website at www.usps.com

7110 6605 9590 0012 6981

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

ent To
 Patrick A Macintosh
 502 S 11TH ST
 GUNNISON, CO 81230-3212

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



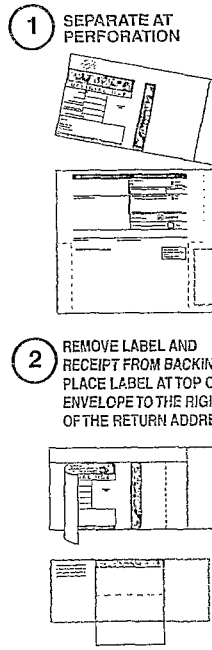
7110 6605 9590 0012 6981

PATRICK A MACINTOSH
 502 S 11TH ST
 GUNNISON, CO 81230-3212

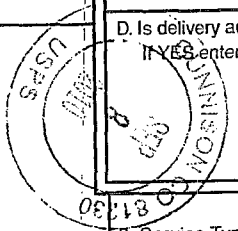
Batch #: 2195
 Article #: 71106605959000126981
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-01/07

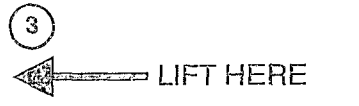
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6981	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATRICK A MACINTOSH 502 S 11TH ST GUNNISON, CO 81230-3212	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6981	A. Signature <input type="checkbox"/> Agent X <i>Patrick Macintosh</i> <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATRICK A MACINTOSH 502 S 11TH ST GUNNISON, CO 81230-3212	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



Batch #: 2195
 Article #: 71106605959000126981
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





US Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
 For more information, visit our website at www.usps.com

7110 6605 9590 0012 6998

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
 Patrick J Herbert III Succ Ttee Uad
 C/O Simpson Estates
 30 N La Salle St #1232
 Chicago, IL 60602-3344

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6998

PATRICK J HERBERT III SUCC TTEE UAD
 C/O SIMPSON ESTATES
 30 N LA SALLE ST #1232
 CHICAGO, IL 60602-3344

Batch #: 2195
 Article #: 71106605959000126998
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800, August 2006 (See Reverse for Instructions)

Reorder Form LCD-8 Rev. 01/07

2. Article Number
 7110 6605 9590 0012 6998

1. Article Addressed to:
 PATRICK J HERBERT III SUCC TTEE UAD
 C/O SIMPSON ESTATES
 30 N LA SALLE ST #1232
 CHICAGO, IL 60602-3344

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

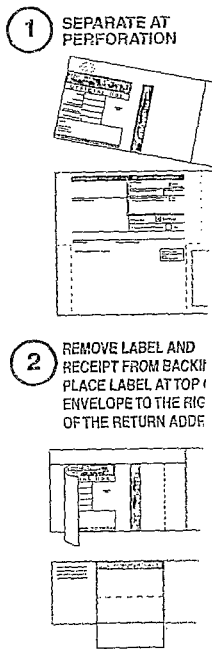
A. Signature Agent Addressee
 X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES enter delivery address below:

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
 7110 6605 9590 0012 6998

1. Article Addressed to:
 PATRICK J HERBERT III SUCC TTEE UAD
 C/O SIMPSON ESTATES
 30 N LA SALLE ST #1232
 CHICAGO, IL 60602-3344

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X D. Coy

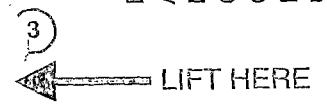
B. Received by (Printed Name) C. Date of Delivery
 D. COY 9/7/10

D. Is delivery address different from item 1? Yes No
 If YES enter delivery address below:

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000126998
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
 For more information visit our website at www.usps.com

7110 6605 9590 0012 7001

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (Endorsement Required)	\$ 2.30	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

sent To
 Street, Apt. No., PO Box No.
 City, State, Zip+4

PATSY R CUMMINS
5110 A SHADYLANE
MIDLAND, TX 79703

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell

PLEASE STICKER TO PROPERLY VELD TO THE RIGHT OF THE RETURN ADDRESS TO THE DOTTED LINE
CERTIFIED MAIL

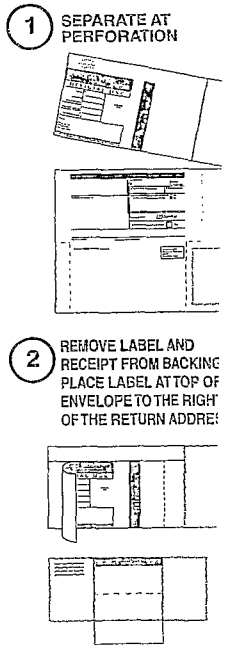
7110 6605 9590 0012 7001

PATSY R CUMMINS
5110 A SHADYLANE
MIDLAND, TX 79703

Batch #: 2195
 Article #: 71106605959000127001
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

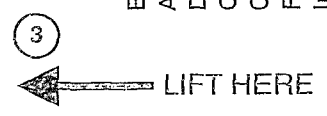
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7001	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
1. Article Addressed to:	
PATSY R CUMMINS 5110 A SHADYLANE MIDLAND, TX 79703	
Code: Allocation Project - D.Howell	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7001	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Patsy Cummins</i> 9-14-10</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
1. Article Addressed to:	
PATSY R CUMMINS 5110 A SHADYLANE MIDLAND, TX 79703	
Code: Allocation Project - D.Howell	

Batch #: 2195
 Article #: 71106605959000127001
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
 For more information visit our website at www.usps.com

7110 6605 9590 0013 3934

Postage	\$ 0.44	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.54	

Delivered To: **PATSY L WILLIAMSON**
3713 BLUEBELL DR
 Everman, TX 76140

PS Form 3800, August 2006 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 3934

PATSY L WILLIAMSON
 3713 BLUEBELL DR
 EVERMAN, TX 76140

Batch #: 2273
 Article #: 71106605959000133934
 Date/Time: 9/14/2010 3:35:39 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number
 7110 6605 9590 0013 3934

1. Article Addressed to:
PATSY L WILLIAMSON
3713 BLUEBELL DR
EVERMAN, TX 76140

COMPLETE THIS SECTION ON DELIVERY

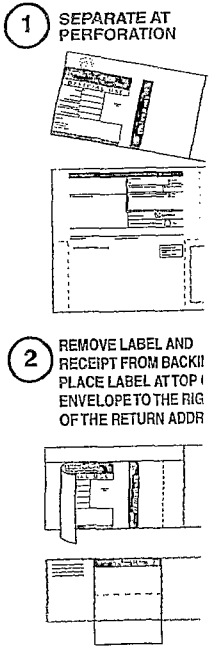
A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
 7110 6605 9590 0013 3934

1. Article Addressed to:
PATSY L WILLIAMSON
3713 BLUEBELL DR
EVERMAN, TX 76140

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *James Wilkins* Addressee

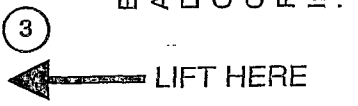
B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2273
 Article #: 71106605959000133934
 Date/Time: 9/14/2010 3:35:39 PM
 Code:
 Code2:
 File #:
 Internal File #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
For information visit our website at www.usps.com

7110 6605 9590 0012 7018

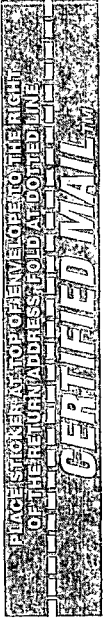
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

sent To
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

**PATTERSON GROUP
 6237 S DOVER ST
 LITTLETON, CO 80123**

Form 3811, August 2006 Edition See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7018

**PATTERSON GROUP
6237 S DOVER ST
LITTLETON, CO 80123**

Batch #: 2195
 Article #: 71106605959000127018
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7018

1. Article Addressed to:

**PATTERSON GROUP
 6237 S DOVER ST
 LITTLETON, CO 80123**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

B. Received by (Printed Name) C. Date of Delivery

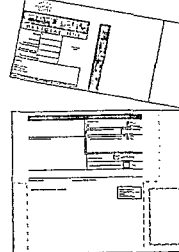
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

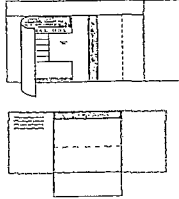
4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number

7110 6605 9590 0012 7018

1. Article Addressed to:

**PATTERSON GROUP
 6237 S DOVER ST
 LITTLETON, CO 80123**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Julie Patterson*

B. Received by (Printed Name) C. Date of Delivery
Julie Patterson *9/4/10*

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

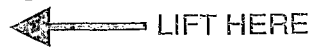
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

Batch #: 2195
 Article #: 71106605959000127018
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3





U.S. Postal Service
CERTIFIED MAIL RECEIPT
Signature Only, No Insurance Coverage Provided
 For more information visit our website at www.usps.com

7110 6605 9590 0012 7025

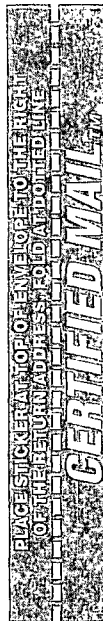
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

sent To
 Street, Apt. No.;
 PO Box No.
 City, State, Zip+4

PATTI PECK WOOD
PO BOX 1099
RISING STAR, TX 76471

Form 3811 August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



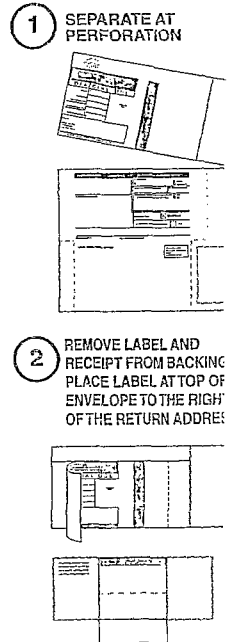
7110 6605 9590 0012 7025

PATTI PECK WOOD
PO BOX 1099
RISING STAR, TX 76471

Batch #: 2195
 Article #: 71106605959000127025
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

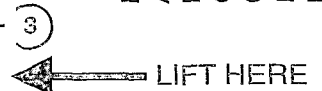
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7025	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATTI PECK WOOD PO BOX 1099 RISING STAR, TX 76471	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7025	A. Signature X <i>Shirley Allen</i> <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>SHIRLEY ALLEN</i> <i>9/7/10</i>
PATTI PECK WOOD PO BOX 1099 RISING STAR, TX 76471	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

Batch #: 2195
 Article #: 71106605959000127025
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(U.S. Mail Only, No Insurance Coverage Provided)
(For information, visit our website at www.usps.com)

7110 6605 9590 0012 7032

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

sent To
 Street, Apt. No.,
 PO Box No.,
 City, State, Zip+4

**PAUL A BRENNAND
 6408 ST ANNES CT NE
 ALBUQUERQUE, NM 87111**

Form 3800, August 1, 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7032

**PAUL A BRENNAND
6408 ST ANNES CT NE
ALBUQUERQUE, NM 87111**

Batch #: 2195
 Article #: 71106605959000127032
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

1. Article Number

7110 6605 9590 0012 7032

1. Article Addressed to:

**PAUL A BRENNAND
 6408 ST ANNES CT NE
 ALBUQUERQUE, NM 87111**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

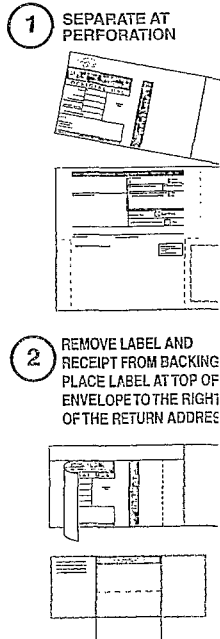
A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 7032

1. Article Addressed to:

**PAUL A BRENNAND
 6408 ST ANNES CT NE
 ALBUQUERQUE, NM 87111**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

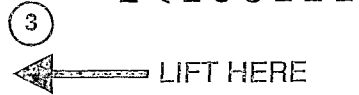
Paul A. Brennand 9-3-10

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127032
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
Insurance Coverage Provided
For information visit our Website at www.usps.com

7110 6605 9590 0012 7049

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
 Street, Apt. No.,
 PO Box No.,
 City, State, Zip+4

PAUL A TREXEL
6460 EL ROBLE ST
LONG BEACH, CA 90815-4617

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7049

PAUL A TREXEL
6460 EL ROBLE ST
LONG BEACH, CA 90815-4617

Batch #: 2195
 Article #: 71106605959000127049
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2 Article Number

7110 6605 9590 0012 7049

1. Article Addressed to:

PAUL A TREXEL
6460 EL ROBLE ST
LONG BEACH, CA 90815-4617

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

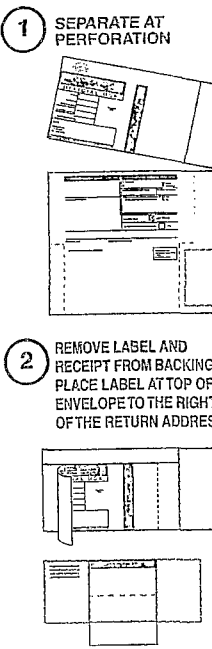
A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2 Article Number

7110 6605 9590 0012 7049

1. Article Addressed to:

PAUL A TREXEL
6460 EL ROBLE ST
LONG BEACH, CA 90815-4617

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *William C. Trefel* Addressee

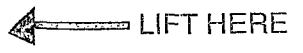
B. Received by (Printed Name) C. Date of Delivery
 9-7-10

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127049
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
By Mail Only. No Insurance Coverage Provided.
For more information visit our website at www.usps.com

7110 6605 9590 0012 7056

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

sent To
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

PAUL DAVIS LTD
 P O BOX 871
 MIDLAND, TX 79702

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7056

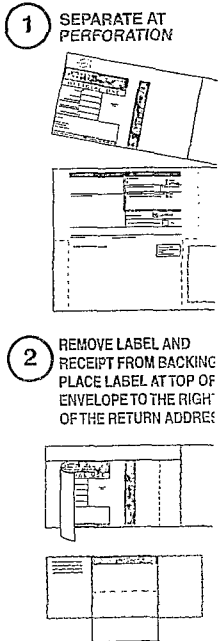
PAUL DAVIS LTD
P O BOX 871
MIDLAND, TX 79702

Batch #: 2195
 Article #: 71106605959000127056
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

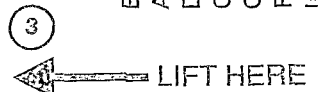
Reorder Form LCD-8 v. 01/07

2. Article Number 7110 6605 9590 0012 7056	COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: PAUL DAVIS LTD P O BOX 871 MIDLAND, TX 79702	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		



2. Article Number 7110 6605 9590 0012 7056	COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: PAUL DAVIS LTD P O BOX 871 MIDLAND, TX 79702	A. Signature X <i>Jeremiah Luttrell</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) <i>Jeremiah Luttrell</i>	C. Date of Delivery <i>9/7/10</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		

Batch #: 2195
 Article #: 71106605959000127056
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Return Receipt, No Insurance Coverage Provided)
For information visit our website at www.usps.com

7110 6605 9590 0012 7063

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

sent To
 Street, Apt. No., PO Box No., City, State, Zip+4
PAUL PATE
ATTN OIL & GAS DEPT
PO BOX 3480
OMAHA, NE 68103-0480

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7063

PAUL PATE
ATTN OIL & GAS DEPT
PO BOX 3480
OMAHA, NE 68103-0480

Batch #: 2195
 Article #: 71106605959000127063
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800, August 2006. See Reverse for Instructions

2. Article Number

7110 6605 9590 0012 7063

1. Article Addressed to:
PAUL PATE
ATTN OIL & GAS DEPT
PO BOX 3480
OMAHA, NE 68103-0480

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

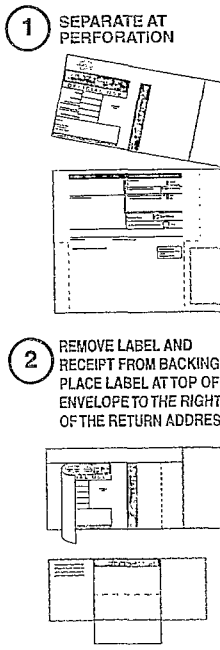
A. Signature Agent Addressee
X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES enter delivery address below:

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7063

1. Article Addressed to:
PAUL PATE
ATTN OIL & GAS DEPT
PO BOX 3480
OMAHA, NE 68103-0480

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

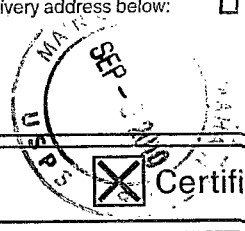
A. Signature Agent Addressee
X *Mason Brink*

B. Received by (Printed Name) C. Date of Delivery

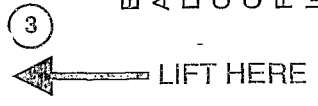
D. Is delivery address different from item 1? Yes No
 If YES enter delivery address below:

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2195
 Article #: 71106605959000127063
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(U.S. Mail Only, No Insurance Coverage Provided)

7110 6605 9590 0012 7070

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

sent To
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

**PAUL R. MAYO, JR.
 8918 TESORO DR, SUITE 505
 SAN ANTONIO, TX 78217**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7070

**PAUL R. MAYO, JR.
 8918 TESORO DR, SUITE 505
 SAN ANTONIO, TX 78217**

Batch #: 2195
 Article #: 71106605959000127070
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 01/07

2. Article Number

7110 6605 9590 0012 7070

1. Article Addressed to:

**PAUL R. MAYO, JR.
 8918 TESORO DR, SUITE 505
 SAN ANTONIO, TX 78217**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

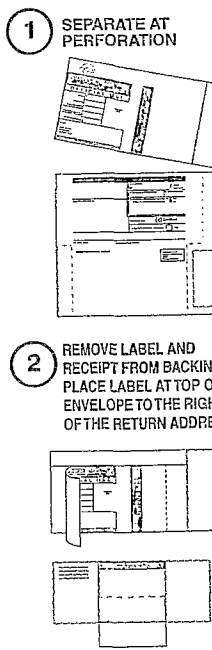
A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 7070

1. Article Addressed to:

**PAUL R. MAYO, JR.
 8918 TESORO DR, SUITE 505
 SAN ANTONIO, TX 78217**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

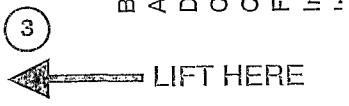
B. Received by (Printed Name) C. Date of Delivery
 JOAN HAIN 9/8/10

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127070
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Mail Only, No Insurance Coverage Provided)
 For more information visit our website at www.usps.com

7110 6605 9590 0012 7087

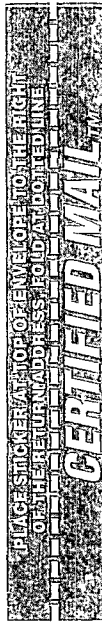
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

sent To
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

**PAUL SLAYTON
 P.O. BOX 2035
 ROSWELL, NM 88202-2035**

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7087

**PAUL SLAYTON
 P.O. BOX 2035
 ROSWELL, NM 88202-2035**

Batch #: 2195
 Article #: 71106605959000127087
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number

7110 6605 9590 0012 7087

1. Article Addressed to:

**PAUL SLAYTON
 P.O. BOX 2035
 ROSWELL, NM 88202-2035**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7087

1. Article Addressed to:

**PAUL SLAYTON
 P.O. BOX 2035
 ROSWELL, NM 88202-2035**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Jane Andrews* Addressee

B. Received by (Printed Name) C. Date of Delivery

Jane Andrews

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

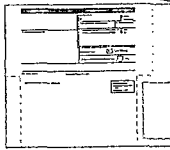
Box 2035

3. Service Type Certified

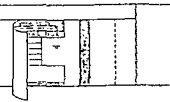
4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Batch #: 2195
 Article #: 71106605959000127087
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3

← LIFT HERE



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(To Mail Only, No Postage, Guaranteed)
For more information, visit our website at www.usps.com

7110 6605 9590 0012 7094

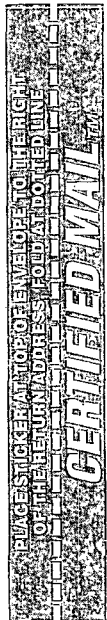
Postage	\$		Postmark Here
Certified Fee	\$1.05		
Return Receipt Fee (Endorsement Required)	\$2.80		
Restricted Delivery Fee (Endorsement Required)	\$2.30		
Total Postage & Fees	\$6.15		

ent To
 Street, Apt. No.;
 PO Box No.
 City, State, Zip+4

**PAULETTE SHARON CANDELARIA
 PO BOX 348
 BLANCO, NM 87412**

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7094

**PAULETTE SHARON CANDELARIA
 PO BOX 348
 BLANCO, NM 87412**

Batch #: 2195
 Article #: 71106605959000127094
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7094

1. Article Addressed to:

**PAULETTE SHARON CANDELARIA
 PO BOX 348
 BLANCO, NM 87412**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

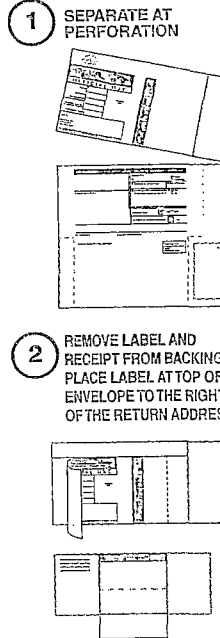
A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 7094

1. Article Addressed to:

**PAULETTE SHARON CANDELARIA
 PO BOX 348
 BLANCO, NM 87412**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

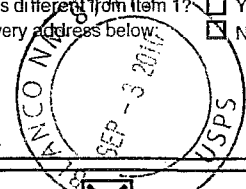
A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery
 B. Candalaria 9-3-10

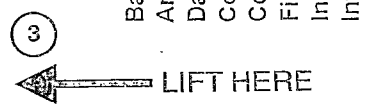
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2195
 Article #: 71106605959000127094
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
 For every information visit our website at www.usps.com

7110 6605 9590 0012 7100

Postage	\$		Postmark Here
	\$1.05		
Certified Fee	\$2.80		
Return Receipt Fee (endorsement Required)	\$2.30		
Restricted Delivery Fee (endorsement Required)	\$0.00		
Total Postage & Fees	\$	\$6.15	

ent To
 Street, Apt. No.;
 PO Box No.
 City, State, Zip+4

PAULINE GARCIA
9835 1/2 4TH ST NW
ALBUQUERQUE, NM 87114

PS Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7100

PAULINE GARCIA
9835 1/2 4TH ST NW
ALBUQUERQUE, NM 87114

Batch #: 2195
 Article #: 71106605959000127100
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number

7110 6605 9590 0012 7100

1. Article Addressed to:

PAULINE GARCIA
9835 1/2 4TH ST NW
ALBUQUERQUE, NM 87114

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type **Certified**

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

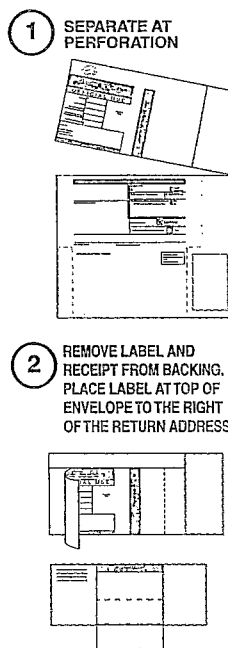
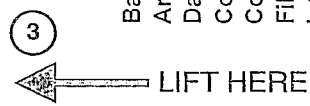
UNITED STATES POSTAL SERVICE



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10


Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2195
 Article #: 71106605959000127100
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



Reorder Form LCD-01/07

San Juan Busin
PO Box 4289
Farmington NM 87499-4289


Conocophiles
UNDELIVERABLE
UNADDRESSED,
UNABLE TO FORWARD

7110 6605 9590 0012 7117

9/14

[Handwritten scribbles and signature]

PAULINE P. JOHNSON
10610 SEEVERS PARK DRIVE
HOUSTON, TX 77024

ED STATES
57
MAILED F



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Use Mail Only, No Insurance Coverage Provided)
 For more information visit our website at www.usps.com

7110 6605 9590 0012 7117

Postage	\$		Postmark Here
		\$1.05	
Certified Fee		\$2.80	
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

ent To
 street, Apt. No.,
 r PO Box No.
 city, State, Zip+4

PAULINE P. JOHNSON
10610 S EVERS PARK DRIVE
HOUSTON, TX 77024

Form 3811, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL

7110 6605 9590 0012 7117

PAULINE P. JOHNSON
10610 S EVERS PARK DRIVE
HOUSTON, TX 77024

Batch #: 2195
 Article #: 71106605959000127117
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number

7110 6605 9590 0012 7117

1. Article Addressed to:

PAULINE P. JOHNSON
10610 S EVERS PARK DRIVE
HOUSTON, TX 77024

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

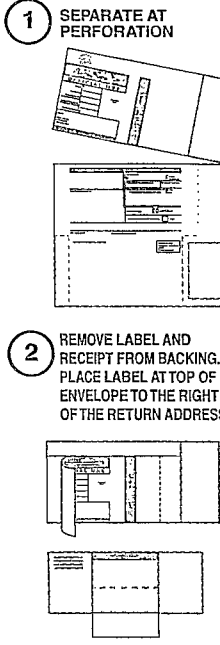
A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Reorder Form LCD- rev. 01/07

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2195
 Article #: 71106605959000127117
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
 ← LIFT HERE



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
 For every information visit our website at www.usps.com

7110 6605 9590 0013 3941

Postage	\$ 0.44	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.54	

sent To **PEARL R TAYLOR EST**
2610 FIRST ST
 Street, Apt. No.;
 PO Box No.
 City, State, Zip+4 **TILLAMOOK, OR 97141-2503**

Form 3800, August 2006 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 3941

PEARL R TAYLOR EST
 2610 FIRST ST

TILLAMOOK, OR 97141-2503

Batch #: 2273
 Article #: 71106605959000133941
 Date/Time: 9/14/2010 3:35:39 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 v. 01/07

2. Article Number

7110 6605 9590 0013 3941

1. Article Addressed to:

PEARL R TAYLOR EST
 2610 FIRST ST
 TILLAMOOK, OR 97141-2503

COMPLETE THIS SECTION ON DELIVERY

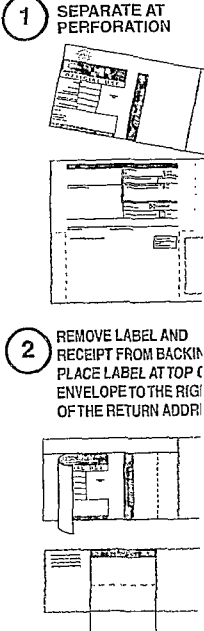
A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 3941

1. Article Addressed to:

PEARL R TAYLOR EST
 2610 FIRST ST
 TILLAMOOK, OR 97141-2503

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Linda Taylor Addressee

B. Received by (Printed Name) C. Date of Delivery
Linda Taylor 9.20.10

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2273
 Article #: 71106605959000133941
 Date/Time: 9/14/2010 3:35:39 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(With Restricted Delivery, Insurance Coverage is Provided)
 For delivery information, visit our website at www.usps.com

7110 6605 9590 0012 7124

Postage	\$		Postmark Here
Certified Fee		\$1.05	
Return Receipt Fee (Endorsement Required)		\$2.80	
Restricted Delivery Fee (Endorsement Required)		\$2.30	
Total Postage & Fees	\$	\$6.15	

sent To
 Street, Apt. No.,
 PO Box No.,
 City, State, Zip+4

PENELOPE HESS BUTLER
4605 POST OAK PL, STE 107
HOUSTON, TX 77027

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7124

PENELOPE HESS BUTLER
 4605 POST OAK PL, STE 107
 HOUSTON, TX 77027

Batch #: 2195
 Article #: 71106605959000127124
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7124

1. Article Addressed to:

PENELOPE HESS BUTLER
4605 POST OAK PL, STE 107
HOUSTON, TX 77027

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

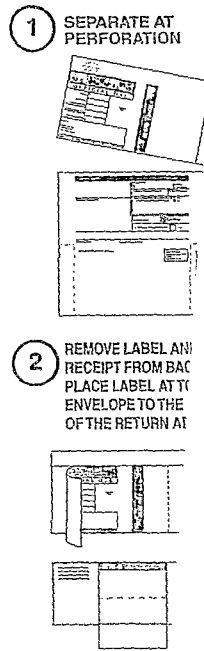
B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell



2. Article Number

7110 6605 9590 0012 7124

1. Article Addressed to:

PENELOPE HESS BUTLER
4605 POST OAK PL, STE 107
HOUSTON, TX 77027

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Louise GIBBON Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Louise GIBBON

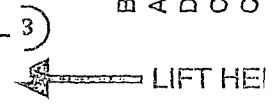
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

Batch #: 2195
 Article #: 71106605959000127124
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
Mail Only. No Insurance Coverage Provided.
Delivery information visit our website at www.usps.com

7110 6605 9590 0012 7131

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

sent To
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

PENNIES FROM HEAVEN LLC
PO BOX 840738
DALLAS, TX 75284-0738

PS Form 3800, August 2009. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7131

PENNIES FROM HEAVEN LLC
PO BOX 840738
DALLAS, TX 75284-0738

Batch #: 2195
 Article #: 71106605959000127131
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811 01/07

2 Article Number

7110 6605 9590 0012 7131

1. Article Addressed to:

PENNIES FROM HEAVEN LLC
PO BOX 840738
DALLAS, TX 75284-0738

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

2 Article Number

7110 6605 9590 0012 7131

1. Article Addressed to:

PENNIES FROM HEAVEN LLC
PO BOX 840738
DALLAS, TX 75284-0738

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *TH*

B. Received by (Printed Name) C. Date of Delivery
9/1/3

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

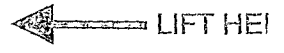
Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION

2 REMOVE LABEL AND RECEIPT FROM BACK PLACE LABEL AT TO ENVELOPE TO THE FRONT OF THE RETURN ADDRESS

3

Batch #: 2195
 Article #: 71106605959000127131
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
 For more information visit our website at www.usps.com

7110 6605 9590 0012 7148

Postage	\$		Postmark Here
		\$1.05	
Certified Fee		\$2.80	
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

Send To
 Street, Apt. No.,
 or PO Box No.
 City, State, Zip+4

PENROC OIL CORPORATION
P O BOX 2769
HOBBS, NM 88241-2769

PS Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7148

PENROC OIL CORPORATION
P O BOX 2769
HOBBS, NM 88241-2769

Batch #: 2195
 Article #: 71106605959000127148
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number

7110 6605 9590 0012 7148

1. Article Addressed to:

PENROC OIL CORPORATION
P O BOX 2769
HOBBS, NM 88241-2769

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type **Certified**

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

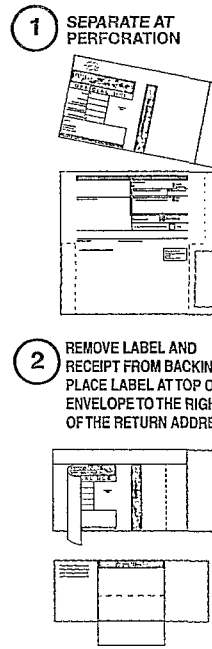
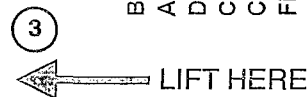
UNITED STATES POSTAL SERVICE



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2195
 Article #: 71106605959000127148
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



Reorder Form LCD, rev. 01/07

PROVED

Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
Delivery Information Visit our website at www.usps.com
7110 6605 9590 0012 7155

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Send To
PERRY H. POLLOCK
PO BOX 950
ASPEN, CO 81612

Street, Apt. No.,
or PO Box No.
City, State, Zip+4

PS Form 3800, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER ON TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS TO ADD PROTECTION
CERTIFIED MAIL

7110 6605 9590 0012 7155

PERRY H. POLLOCK
PO BOX 950
ASPEN, CO 81612

Batch #: 2195
Article #: 71106605959000127155
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

Reorder Form LCD-811R rev. 01/07

2. Article Number
7110 6605 9590 0012 7155

1. Article Addressed to:
PERRY H. POLLOCK
PO BOX 950
ASPEN, CO 81612

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES enter delivery address below: No

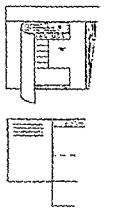
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

1 SEPARATE AT PERFORATION



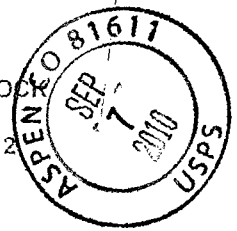
2 REMOVE LABEL RECEIPT FROM PLACE LABEL ENVELOPE TO OF THE RETU



2. Article Number
7110 6605 9590 0012 7155

1. Article Addressed to:
PERRY H. POLLOCK
PO BOX 950
ASPEN, CO 81612

Code: Allocation Project - D.Howell



COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Perry H. Pollock*

B. Received by (Printed Name) C. Date of Delivery
Perry H. Pollock *9-7-10*

D. Is delivery address different from item 1? Yes
If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
Article #: 71106605959000127155
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
 Delivery information visit our website at www.usps.com
 7110 6605 9590 0012 7162

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
 street, Apt. No.,
 r PO Box No.
 city, State, Zip+4

PETCO LIMITED
PO BOX 911
BRECKENRIDGE, TX 76424-0911

PS Form 3811, August 2005, PSN 7530-01-000-9000

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7162

PETCO LIMITED
PO BOX 911
BRECKENRIDGE, TX 76424-0911

Batch #: 2195
 Article #: 71106605959000127162
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811FR 01/07

2. Article Number

7110 6605 9590 0012 7162

1. Article Addressed to:

PETCO LIMITED
PO BOX 911
BRECKENRIDGE, TX 76424-0911

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

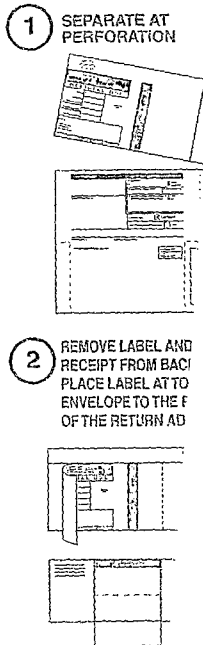
A. Signature
X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 7162

1. Article Addressed to:

PETCO LIMITED
PO BOX 911
BRECKENRIDGE, TX 76424-0911

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Martha Naggle Agent
 Addressee

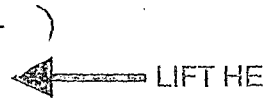
B. Received by (Printed Name) C. Date of Delivery
Martha Naggle 9-7-10

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127162
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com
 7110 6605 9590 0012 7179

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To **PETER CLAUD JACOBSEN**
3319 HULEN
FORT WORTH, TX 76107

Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

PS Form 3800, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7179

PETER CLAUD JACOBSEN
 3319 HULEN
 FORT WORTH, TX 76107

Batch #: 2195
 Article #: 71106605959000127179
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Recorder Form LCD-811 Rev. 01/07

2: Article Number

7110 6605 9590 0012 7179

1. Article Addressed to:

PETER CLAUD JACOBSEN
 3319 HULEN
 FORT WORTH, TX 76107

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

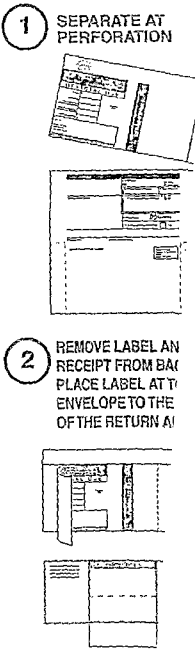
A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2: Article Number

7110 6605 9590 0012 7179

1. Article Addressed to:

PETER CLAUD JACOBSEN
 3319 HULEN
 FORT WORTH, TX 76107

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

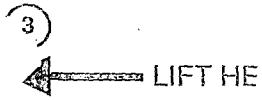
B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127179
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:



ROYER

Postal Service
REGISTERED MAIL RECEIPT
Postage and Insurance Coverage Provided
For more information visit our website at www.usps.com
 7110 6605 9590 0012 7186

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

PETER MCKEE BRENNAND
PO BOX 6268
SANTA FE, NM 87502

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS, HOLD AT DOTTED LINE
CERTIFIED MAIL

7110 6605 9590 0012 7186

PETER MCKEE BRENNAND
PO BOX 6268
SANTA FE, NM 87502

Batch #: 2195
 Article #: 71106605959000127186
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:

Reorder Form LCD-811R rev. 01/07

2. Article Number

7110 6605 9590 0012 7186

1. Article Addressed to:

PETER MCKEE BRENNAND
PO BOX 6268
SANTA FE, NM 87502

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

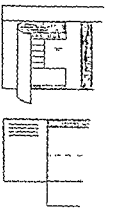
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL RECEIPT FROM PLACE LABEL / ENVELOPE TO OF THE RETURN



2. Article Number

7110 6605 9590 0012 7186

1. Article Addressed to:

PETER MCKEE BRENNAND
PO BOX 6268
SANTA FE, NM 87502

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

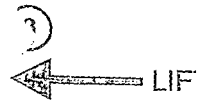
B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127186
 Date/Time: 8/31/2010 12:42:24 PM
 Allocation Project - D.Howell





U.S. Postal Service
REGISTERED MAIL RECEIPT
Postage Only, No Insurance Coverage Provided
 For delivery information visit our website at www.usps.com
 7110 6605 9590 0012 7193

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

sent To: **PETERSON FAMILY TRUST**
 440 SAN LUCAS DR
 SOLANA BEACH, CA 92075

Street, Apt. No.,
 PO Box No.,
 City, State, Zip+4

Form 3811 August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7193

PETERSON FAMILY TRUST
 440 SAN LUCAS DR
 SOLANA BEACH, CA 92075

Batch #: 2195
 Article #: 71106605959000127193
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811H 8/01/07

2. Article Number

7110 6605 9590 0012 7193

1. Article Addressed to:

PETERSON FAMILY TRUST
 440 SAN LUCAS DR
 SOLANA BEACH, CA 92075

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

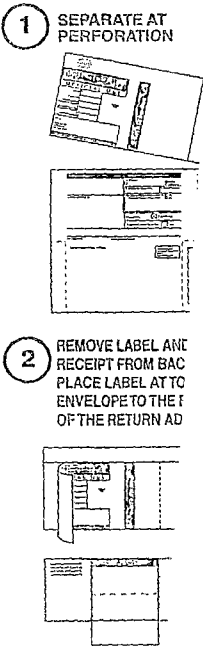
A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 7193

1. Article Addressed to:

PETERSON FAMILY TRUST
 440 SAN LUCAS DR
 SOLANA BEACH, CA 92075

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

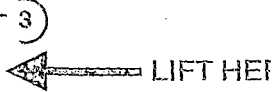
B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127193
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Mail Only, No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com
 7110 6605 9590 0012 7209

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (Endorsement Required)	\$ 2.30	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

ent To
 Street, Apt. No.;
 PO Box No.
 City, State, Zip+4

PETROGULF CORPORATION
518 17TH ST STE 1455
DENVER, CO 80202

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER ON TOP ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS AND ABOVE DOTTED LINE
CERTIFIED MAIL

7110 6605 9590 0012 7209

PETROGULF CORPORATION
518 17TH ST STE 1455
DENVER, CO 80202

Batch #: 2195
 Article #: 71106605959000127209
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0012 7209

1. Article Addressed to:

PETROGULF CORPORATION
518 17TH ST STE 1455
DENVER, CO 80202

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

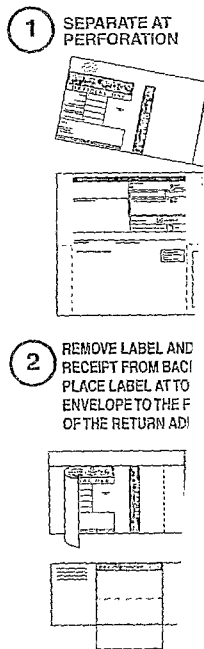
A. Signature
X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 7209

1. Article Addressed to:

PETROGULF CORPORATION
518 17TH ST STE 1455
DENVER, CO 80202

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Aspromeri* Agent
 Addressee

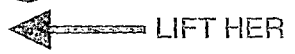
B. Received by (Printed Name) C. Date of Delivery
 9/7/10

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127209
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
 For more information visit our website at www.usps.com

7110 6605 9590 0012 7216

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (Endorsement Required)	\$ 2.30	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

ent To **PGC GAS COMPANY**
 8080 N CENTRAL EXPWY STE 1090
 DALLAS, TX 75206

Street, Apt. No.,
 or PO Box No.
 City, State, Zip+4

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7216

PGC GAS COMPANY
 8080 N CENTRAL EXPWY STE 1090
 DALLAS, TX 75206

Batch #: 2195
 Article #: 71106605959000127216
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

PS Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD Rev. 01/07

2. Article Number

7110 6605 9590 0012 7216

1. Article Addressed to:

PGC GAS COMPANY
 8080 N CENTRAL EXPWY STE 1090
 DALLAS, TX 75206

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

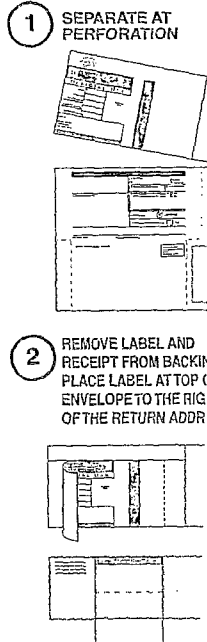
A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 7216

1. Article Addressed to:

PGC GAS COMPANY
 8080 N CENTRAL EXPWY STE 1090
 DALLAS, TX 75206

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

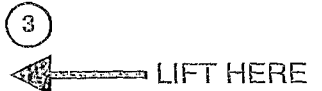
B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127216
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
 For more information visit our website at www.usps.com

7110 6605 9590 0012 7223

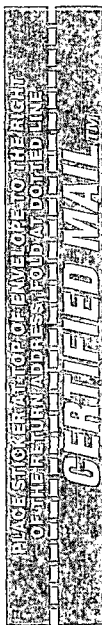
Postage \$	\$1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees \$	\$6.15	

Send To
 PHILIP G DEMEREE
 7561 VIA CAMELLO DEL SUR
 SCOTTSDALE, AZ 85258

Street, Apt. No.,
 or PO Box No.
 City, State, Zip+4

PS Form 3800 August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7223

PHILIP G DEMEREE
 7561 VIA CAMELLO DEL SUR
 SCOTTSDALE, AZ 85258

Batch #: 2195
 Article #: 71106605959000127223
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7223

1. Article Addressed to:

PHILIP G DEMEREE
 7561 VIA CAMELLO DEL SUR
 SCOTTSDALE, AZ 85258

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

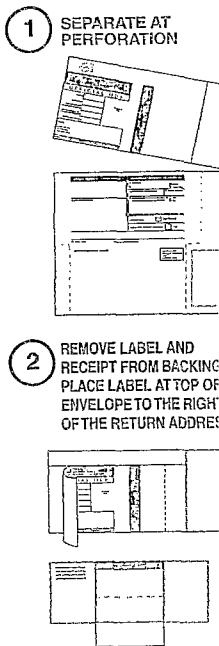
A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 7223

1. Article Addressed to:

PHILIP G DEMEREE
 7561 VIA CAMELLO DEL SUR
 SCOTTSDALE, AZ 85258

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery
 Philip Demeree 9-23-10

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127223
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(Mail Only; No Insurance Coverage Provided)
 For more information, visit our website at www.usps.com
 7110 6605 9590 0012 7230

Postage \$	\$1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees \$	\$6.15	

sent To
 PHILIP L HOMBURGER & DEBRA L
 2160 S JACKSON
 DENVER, CO 80210-4931

Street, Apt. No.,
 PO Box No.,
 City, State, Zip+4

Form 3800, August 2008. See Reverse for Instructions.

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL

7110 6605 9590 0012 7230

PHILIP L HOMBURGER & DEBRA L
 2160 S JACKSON
 DENVER, CO 80210-4931

Batch #: 2195
 Article #: 71106605959000127230
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-810107

2. Article Number
 7110 6605 9590 0012 7230

1. Article Addressed to:
 PHILIP L HOMBURGER & DEBRA L
 2160 S JACKSON
 DENVER, CO 80210-4931

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

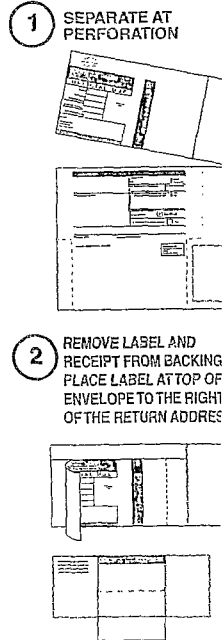
A. Signature
X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
 7110 6605 9590 0012 7230

1. Article Addressed to:
 PHILIP L HOMBURGER & DEBRA L
 2160 S JACKSON
 DENVER, CO 80210-4931

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Debra L Homburger* Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Debra L. Homburger DENVER, CO 80210

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127230
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
 For more information visit our website at www.usps.com

Postage	7110 6605 9590 0013 3132	
Certified Fee	\$0.44	Postmark Here
Return Receipt Fee (endorsement Required)	\$2.80	
Restricted Delivery Fee (endorsement Required)	\$2.30	
Total Postage & Fees	\$0.00	

Postage \$5.54
 Sent To
 PHILLIP F MARBERRY
 2170 CAMINO DE CHAVEZ
 BOSQUE FARMS, NM 87068
 Street, Apt. No., PO Box No., City, State, Zip+4
 Form 3800, August 2006 Sep Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 3132
 PHILLIP F MARBERRY
 2170 CAMINO DE CHAVEZ
 BOSQUE FARMS, NM 87068

Batch #: 2269
 Article #: 71106605959000133132
 Date/Time: 9/14/2010 2:59:27 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number
 7110 6605 9590 0013 3132

1. Article Addressed to:
 PHILLIP F MARBERRY
 2170 CAMINO DE CHAVEZ
 BOSQUE FARMS, NM 87068

COMPLETE THIS SECTION ON DELIVERY

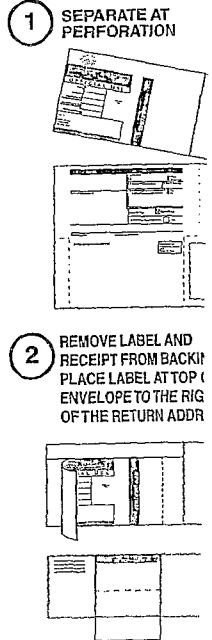
A. Signature Agent
 X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
 7110 6605 9590 0013 3132

1. Article Addressed to:
 PHILLIP F MARBERRY
 2170 CAMINO DE CHAVEZ
 BOSQUE FARMS, NM 87068

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X Addressee

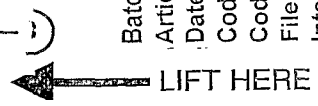
B. Received by (Printed Name) C. Date of Delivery
 PHILLIP F MARBERRY 9/14/10

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2269
 Article #: 71106605959000133132
 Date/Time: 9/14/2010 2:59:27 PM
 Code:
 Code2:
 File #:
 Internal File #:



Reorder Form LCD-8 Rev. 01/07



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only; No Insurance Coverage Provided)
Buy postage and insurance at www.usps.com

7110 6605 9590 0012 7247

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
 PHYLLIS F HOFFMAN
 2555 GROSS POINT RD, APT 206
 EVANSTON, IL 60201

Form 3800, August 2006 (Rev. 01/07) See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7247

PHYLLIS F HOFFMAN
 2555 GROSS POINT RD, APT 206
 EVANSTON, IL 60201

Batch #: 2195
 Article #: 71106605959000127247
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 (Rev. 01/07)

2. Article Number
 7110 6605 9590 0012 7247

1. Article Addressed to:
 PHYLLIS F HOFFMAN
 2555 GROSS POINT RD, APT 206
 EVANSTON, IL 60201

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

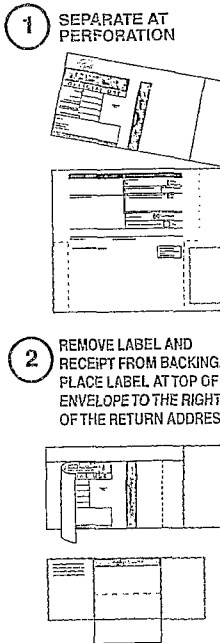
A. Signature Agent
 Addressee
X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
 7110 6605 9590 0012 7247

1. Article Addressed to:
 PHYLLIS F HOFFMAN
 2555 GROSS POINT RD, APT 206
 EVANSTON, IL 60201

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X *Phyllis F. Hoffman*

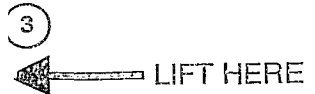
B. Received by (Printed Name) C. Date of Delivery
Phyllis F. Hoffman 9/3/10

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127247
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Mail Only; No Insurance Coverage Provided)
 For more information, visit our website at www.usps.com

7110 6605 9590 0012 7254

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

Send To
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

PINE CONE PROPERTIES LLC
1859 OAK CREEK DR
GREENWOOD VILLAGE, CO 80121

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



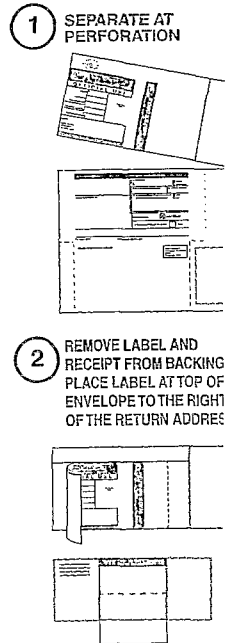
7110 6605 9590 0012 7254

PINE CONE PROPERTIES LLC
1859 OAK CREEK DR
GREENWOOD VILLAGE, CO 80121

Batch #: 2195
 Article #: 71106605959000127254
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

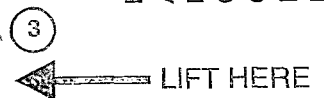
Reorder Form LCD-001 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7254	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
PINE CONE PROPERTIES LLC 1859 OAK CREEK DR GREENWOOD VILLAGE, CO 80121	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7254	A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
PINE CONE PROPERTIES LLC 1859 OAK CREEK DR GREENWOOD VILLAGE, CO 80121	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2195
 Article #: 71106605959000127254
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Mail Only, No Insurance Coverage Provided)
For information visit our website at www.usps.com

7110 6605 9590 0012 7261

Postage \$	\$1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees \$	\$6.15	

sent To
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

PINON RESOURCES INC
203 JACKSON ST
DENVER, CO 80206

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7261

PINON RESOURCES INC
203 JACKSON ST
DENVER, CO 80206

Batch #: 2195
 Article #: 71106605959000127261
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800, August 2008 See Reverse for Instructions

2. Article Number

7110 6605 9590 0012 7261

1. Article Addressed to:

PINON RESOURCES INC
203 JACKSON ST
DENVER, CO 80206

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

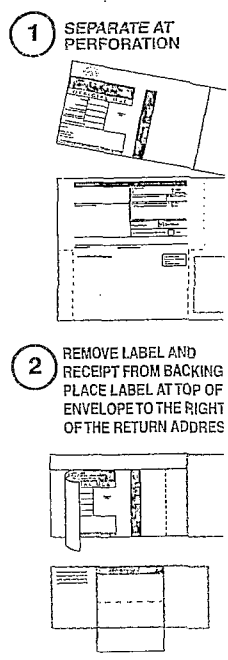
A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Reorder Form LCD-8 Rev. 01/07

PS Form 3811

2. Article Number

7110 6605 9590 0012 7261

1. Article Addressed to:

PINON RESOURCES INC
203 JACKSON ST
DENVER, CO 80206

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

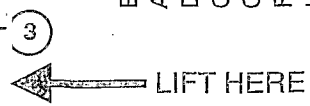
B. Received by (Printed Name) C. Date of Delivery
L. Dichter 9-9-10

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127261
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
 For more information visit our website at www.usps.com

7110 6605 9590 0012 7278

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

Sent To
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

PINTAIL PRODUCTION CO INC
6467 SOUTHWEST BLVD
FORT WORTH, TX 76132

Form 3811 August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7278

PINTAIL PRODUCTION CO INC
6467 SOUTHWEST BLVD
FORT WORTH, TX 76132

Batch #: 2195
 Article #: 71106605959000127278
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2: Article Number

7110 6605 9590 0012 7278

1. Article Addressed to:

PINTAIL PRODUCTION CO INC
6467 SOUTHWEST BLVD
FORT WORTH, TX 76132

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

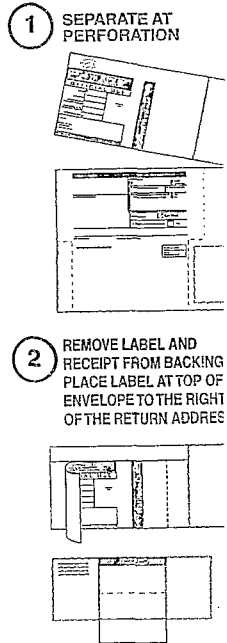
A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2: Article Number

7110 6605 9590 0012 7278

1. Article Addressed to:

PINTAIL PRODUCTION CO INC
6467 SOUTHWEST BLVD
FORT WORTH, TX 76132

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Blake Murray* Addressee

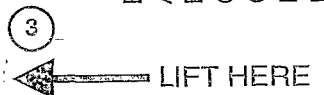
B. Received by (Printed Name) C. Date of Delivery
Blake Murray 9/1/10

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127278
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
Postage and Fees Only. No Insurance Coverage Provided.
For more information, visit our website at www.usps.com

7110 6605 9590 0012 7285

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Postmark Here

Post To
Street, Apt. No.,
PO Box No.
City, State, Zip+4

PIONEER NATURAL RESOURCES USA INC
ATTN NM PROPERTY MESA ROY TR
315 JOHNSTONE 1060 POB
BARTLESVILLE, OK 74004

PS Form 3800, August 2006. See Reverse for Instructions.

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7285

PIONEER NATURAL RESOURCES USA INC
ATTN NM PROPERTY MESA ROY TR
315 JOHNSTONE 1060 POB
BARTLESVILLE, OK 74004

Batch #: 2195
 Article #: 71106605959000127285
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7285

1. Article Addressed to:

PIONEER NATURAL RESOURCES USA INC
ATTN NM PROPERTY MESA ROY TR
315 JOHNSTONE 1060 POB
BARTLESVILLE, OK 74004

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

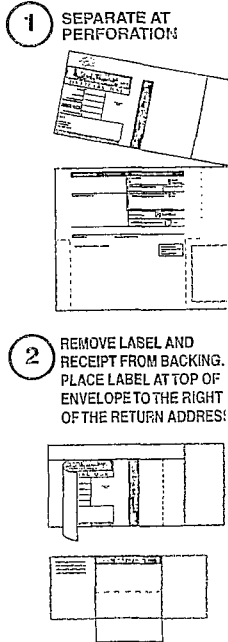
A. Signature Agent Addressee
X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 7285

1. Article Addressed to:

PIONEER NATURAL RESOURCES USA INC
ATTN NM PROPERTY MESA ROY TR
315 JOHNSTONE 1060 POB
BARTLESVILLE, OK 74004

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

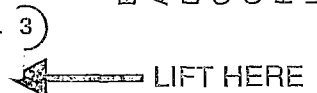
B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No
 Bartlesville, Ok

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127285
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
 For more information visit our website at www.usps.com

7110 6605 9590 0012 7292

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

**PITCH ENERGY CORP
 PO BOX 304
 ARTESIA, NM 88211-0304**

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7292

PITCH ENERGY CORP
 PO BOX 304
 ARTESIA, NM 88211-0304

Batch #: 2195
 Article #: 71106605959000127292
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number

7110 6605 9590 0012 7292

1. Article Addressed to:

PITCH ENERGY CORP
 PO BOX 304
 ARTESIA, NM 88211-0304

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

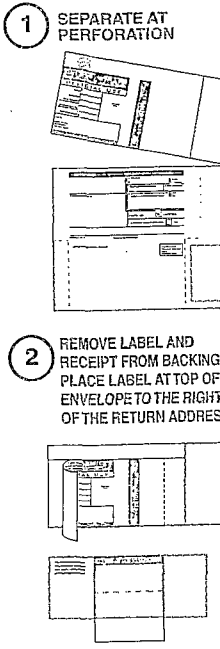
A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 7292

1. Article Addressed to:

PITCH ENERGY CORP
 PO BOX 304
 ARTESIA, NM 88211-0304

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

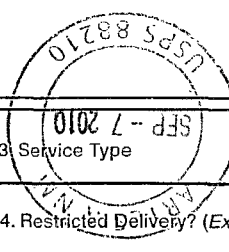
A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery
 Kande Robinson

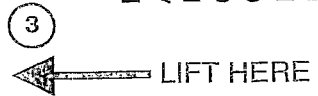
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2195
 Article #: 71106605959000127292
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



Reorder Form LCD-8 Rev. 01/07



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
For information visit our website at www.usps.com

7110 6605 9590 0012 7308

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

Post To: **POTENZIANI FAMILY PTSP
 C/O FRANK POTENZIANI
 PO BOX 676281
 RANCHO SANTA FE, CA 92067-6281**

Street, Apt. No., PO Box No., City, State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7308

POTENZIANI FAMILY PTSP
 C/O FRANK POTENZIANI
 PO BOX 676281
 RANCHO SANTA FE, CA 92067-6281

Batch #: 2195
 Article #: 71106605959000127308
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-11 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7308

1. Article Addressed to:

**POTENZIANI FAMILY PTSP
 C/O FRANK POTENZIANI
 PO BOX 676281
 RANCHO SANTA FE, CA 92067-6281**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

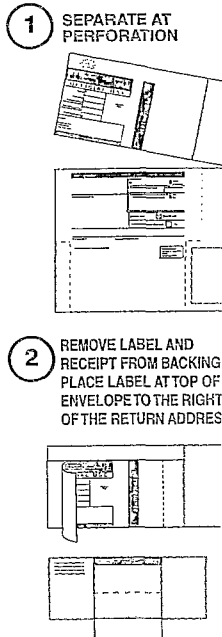
A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 7308

1. Article Addressed to:

**POTENZIANI FAMILY PTSP
 C/O FRANK POTENZIANI
 PO BOX 676281
 RANCHO SANTA FE, CA 92067-6281**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

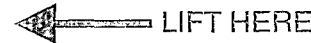
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127308
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3





U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
For information visit our website at www.usps.com

7110 6605 9590 0012 7315

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

sent To
 Street, Apt. No.;
 PO Box No.
 City, State, Zip+4

PRESTON HOLLOW UNITED
6315 WALNUT HILL LN
DALLAS, TX 75230-5116

Form 3811, August 2005 (Rev. 11/03) See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7315

PRESTON HOLLOW UNITED
6315 WALNUT HILL LN
DALLAS, TX 75230-5116

Batch #: 2195
 Article #: 71106605959000127315
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Recorder Form LCD rev. 01/07

2. Article Number:
7110 6605 9590 0012 7315

1. Article Addressed to:
 PRESTON HOLLOW UNITED
 6315 WALNUT HILL LN
 DALLAS, TX 75230-5116

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

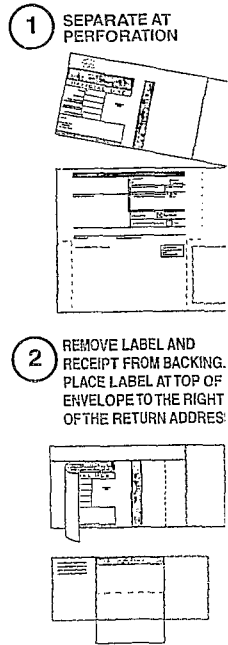
A. Signature
X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number:
7110 6605 9590 0012 7315

1. Article Addressed to:
 PRESTON HOLLOW UNITED
 6315 WALNUT HILL LN
 DALLAS, TX 75230-5116

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Justin Clark* Agent
 Addressee

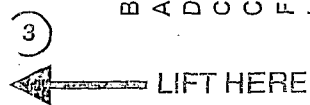
B. Received by (Printed Name) C. Date of Delivery
Justin Clark 9/7/10

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127315
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
First-Class Mail Only. No Postage Necessary if Mailed in the United States.
For information on postage rates, visit us at www.usps.com

7110 6605 9590 0012 7322

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

Send To
 Street, Apt. No.,
 PO Box No.,
 City, State, Zip+4

PRIMITIVE PETROLEUM INC
4514 ROBIN LANE
MIDLAND, TX 79707

Form 3811, August 2006. See Reverse for Instructions.

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7322

PRIMITIVE PETROLEUM INC
4514 ROBIN LANE
MIDLAND, TX 79707

Batch #: 2195
 Article #: 71106605959000127322
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Recorder Form LCD-8 v. 01/07

2. Article Number

7110 6605 9590 0012 7322

1. Article Addressed to:

PRIMITIVE PETROLEUM INC
4514 ROBIN LANE
MIDLAND, TX 79707

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

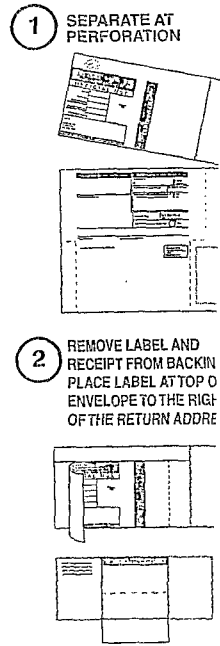
B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 7322

1. Article Addressed to:

PRIMITIVE PETROLEUM INC
4514 ROBIN LANE
MIDLAND, TX 79707

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) *Robert M. Carter*

C. Date of Delivery *9-10-2010*

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127322
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
For Delivery Information Visit Our Website at www.usps.com

7110 6605 9590 0012 7339

Postage \$	\$1.05	Pcstmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees \$	\$6.15	

sent To
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

PRINCETON UNIVERSITY GRADUATE COLLEGE
 PO BOX 35
 PRINCETON, NJ 08544-0035

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7339

PRINCETON UNIVERSITY GRADUATE COLLEGE
 PO BOX 35
 PRINCETON, NJ 08544-0035

Batch #: 2195
 Article #: 71106605959000127339
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8-01/07

2. Article Number

7110 6605 9590 0012 7339

1. Article Addressed to:

PRINCETON UNIVERSITY GRADUATE COLLEGE
 PO BOX 35
 PRINCETON, NJ 08544-0035

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

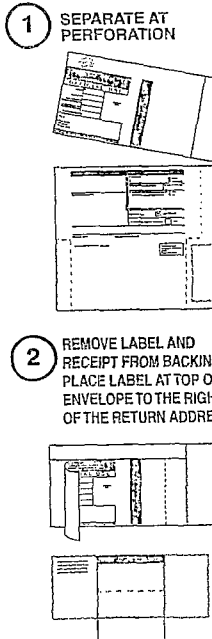
A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 7339

1. Article Addressed to:

PRINCETON UNIVERSITY GRADUATE COLLEGE
 PO BOX 35
 PRINCETON, NJ 08544-0035

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

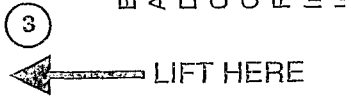
B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127339
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
For more information visit our website at www.usps.com

7110 6605 9590 0012 7346

Postage	\$		Postmark Here
		\$1.05	
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

sent To
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

**PRISCILLA HESS WATSON
 6200 BRIAR ROSE
 HOUSTON, TX 77057**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7346

PRISCILLA HESS WATSON
6200 BRIAR ROSE
HOUSTON, TX 77057

Batch #: 2195
 Article #: 71106605959000127346
 Date/Time: 8/31/2010 12:42:26 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 01/07

2 Article Number

7110 6605 9590 0012 7346

1. Article Addressed to:

**PRISCILLA HESS WATSON
 6200 BRIAR ROSE
 HOUSTON, TX 77057**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

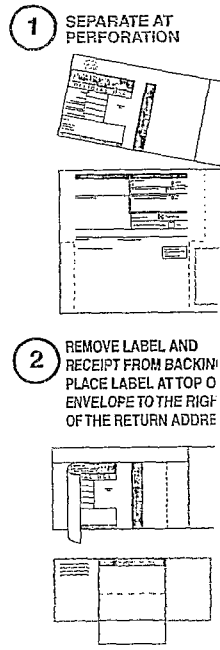
A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2 Article Number

7110 6605 9590 0012 7346

1. Article Addressed to:

**PRISCILLA HESS WATSON
 6200 BRIAR ROSE
 HOUSTON, TX 77057**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

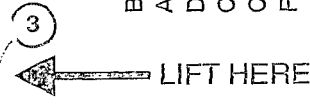
B. Received by (Printed Name) C. Date of Delivery
 PRISCILLA WATSON 9/18/10

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127346
 Date/Time: 8/31/2010 12:42:26 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
For more information visit our website at www.usps.com

7110 6605 9590 0012 7353

Postage	\$		Postmark Here
Certified Fee		\$1.05	
Return Receipt Fee (endorsement Required)		\$2.80	
Restricted Delivery Fee (endorsement Required)		\$2.30	
Total Postage & Fees	\$	\$6.15	

sent To **PRITCHETT LIVING TRUST DTD 5 3 2001**
C/O ROLAND & APRIL PRITCHETT
4281 TEE SHOT DR
COLORADO SPRINGS, CO 80922

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7353

PRITCHETT LIVING TRUST DTD 5 3 2001
 C/O ROLAND & APRIL PRITCHETT
 4281 TEE SHOT DR
 COLORADO SPRINGS, CO 80922

Batch #: 2195
 Article #: 71106605959000127353
 Date/Time: 8/31/2010 12:42:26 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7353

1. Article Addressed to:

PRITCHETT LIVING TRUST DTD 5 3 2001
 C/O ROLAND & APRIL PRITCHETT
 4281 TEE SHOT DR
 COLORADO SPRINGS, CO 80922

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

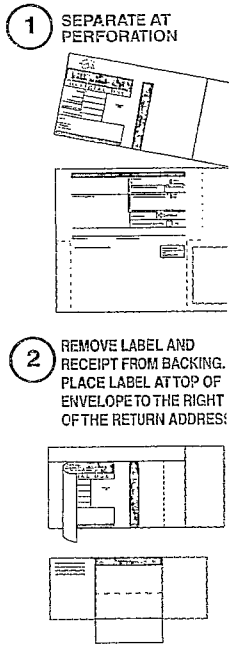
A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 7353

1. Article Addressed to:

PRITCHETT LIVING TRUST DTD 5 3 2001
 C/O ROLAND & APRIL PRITCHETT
 4281 TEE SHOT DR
 COLORADO SPRINGS, CO 80922

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

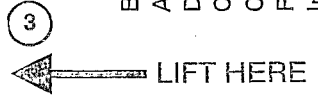
Roland D Pritchett 9/7/10

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127353
 Date/Time: 8/31/2010 12:42:26 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
For more information, visit us at www.usps.com

7110 6605 9590 0012 7360

Postage	\$		Postmark Here
	\$1.05		
Certified Fee	\$2.80		
Return Receipt Fee (endorsement Required)	\$2.30		
Restricted Delivery Fee (endorsement Required)	\$0.00		
Total Postage & Fees	\$	\$6.15	

sent To
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

PRODUCTION GATHERING COMPANY LP
8080 N CENTRAL EXPRESSWAY, STE 1090
DALLAS, TX 75206

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7360

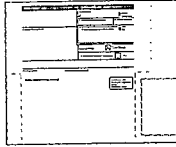
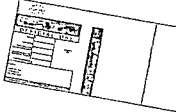
PRODUCTION GATHERING COMPANY LP
8080 N CENTRAL EXPRESSWAY, STE 1090
DALLAS, TX 75206

Batch #: 2195
 Article #: 71106605959000127360
 Date/Time: 8/31/2010 12:42:26 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

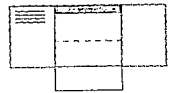
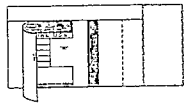
Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7360	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
PRODUCTION GATHERING COMPANY LP 8080 N CENTRAL EXPRESSWAY, STE 1090 DALLAS, TX 75206	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7360	A. Signature X <i>Chanelle Khan</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
PRODUCTION GATHERING COMPANY LP 8080 N CENTRAL EXPRESSWAY, STE 1090 DALLAS, TX 75206	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		

Batch #: 2195
 Article #: 71106605959000127360
 Date/Time: 8/31/2010 12:42:26 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3





U.S. Postal Service
CERTIFIED MAIL RECEIPT
For Return Receipt Only, No Insurance Coverage Provided
For more information visit our website at www.usps.com

7110 6605 9590 0012 7377

Postage	\$		Postmark Here
Certified Fee	\$	1.05	
Return Receipt Fee (endorsement Required)	\$	2.80	
Restricted Delivery Fee (endorsement Required)	\$	2.30	
Total Postage & Fees	\$	6.15	

sent To
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

PROVIDENCE MINERALS LLC
14860 MONTFORT DR, SUITE 209
DALLAS, TX 75254

Form 3800, August 2006 (Rev. 10/07) See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7377

PROVIDENCE MINERALS LLC
14860 MONTFORT DR, SUITE 209
DALLAS, TX 75254

Batch #: 2195
 Article #: 71106605959000127377
 Date/Time: 8/31/2010 12:42:26 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-100 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7377

1. Article Addressed to:

PROVIDENCE MINERALS LLC
14860 MONTFORT DR, SUITE 209
DALLAS, TX 75254

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

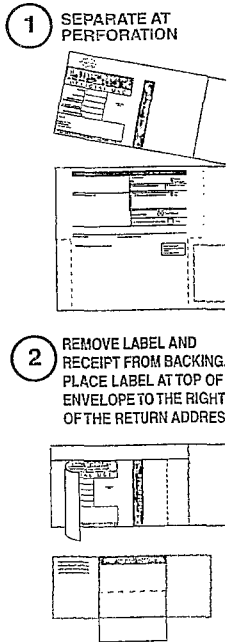
A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 7377

1. Article Addressed to:

PROVIDENCE MINERALS LLC
14860 MONTFORT DR, SUITE 209
DALLAS, TX 75254

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

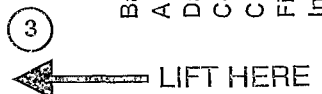
B. Received by (Printed Name) C. Date of Delivery
Gellis **9/2/10**

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127377
 Date/Time: 8/31/2010 12:42:26 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(The Mail Only, No Insurance Coverage Provided)
For information, visit our website at www.usps.com

7110 6605 9590 0012 7384

Postage	\$		Postmark Here
Certified Fee		\$1.05	
Return Receipt Fee (endorsement Required)		\$2.80	
Restricted Delivery Fee (endorsement Required)		\$2.30	
		\$0.00	
Total Postage & Fees	\$		\$6.15

ent To
 street, Apt. No.,
 PO Box No.
 city, State, Zip+4

PURE RESOURCES LP
PO BOX 730365
DALLAS, TX 75391-0365

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7384

PURE RESOURCES LP
 PO BOX 730365
 DALLAS, TX 75391-0365

Batch #: 2195
 Article #: 71106605959000127384
 Date/Time: 8/31/2010 12:42:26 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD- rev. 01/07

2. Article Number

7110 6605 9590 0012 7384

1. Article Addressed to:

PURE RESOURCES LP
PO BOX 730365
DALLAS, TX 75391-0365

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

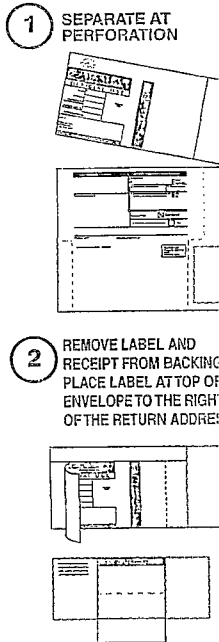
A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type **Certified**

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 7384

1. Article Addressed to:

PURE RESOURCES LP
PO BOX 730365
DALLAS, TX 75391-0365

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery
 052010

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type **Certified**

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127384
 Date/Time: 8/31/2010 12:42:26 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

