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7110 6605 9590 0012 6806

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	

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

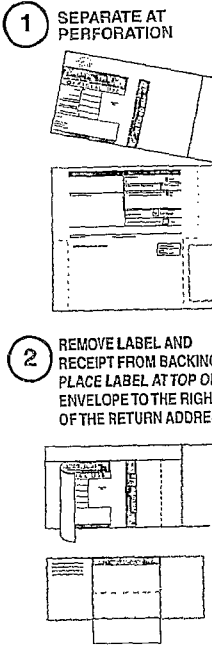
P ELENA SANCHEZ  
 C/O BANK OF OKLAHOMA NA AGENT  
 PO BOX 1588  
 TULSA, OK 74101

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

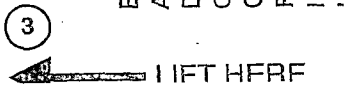
Reorder Form LCD-1 Rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 6806	A. Signature <b>X</b> <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	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 6806	A. Signature <b>X</b> <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	
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 #: 71106605959000126806  
 Date/Time: 8/31/2010 12:34:15 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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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	

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 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

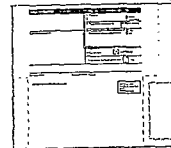
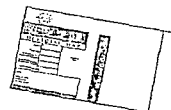
**P. J. HANNIFIN FAMILY TRUST,  
 765 SANTA CAMELIA DR  
 SOLANA BEACH, CA 92075**

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

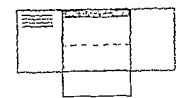
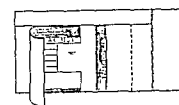
Reorder Form LCD rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 6813	A. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
<b>P. J. HANNIFIN FAMILY TRUST,    765 SANTA CAMELIA DR    SOLANA BEACH, CA 92075</b>	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <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

1 SEPARATE AT PERFORATION



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



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 6813	A. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
<b>P. J. HANNIFIN FAMILY TRUST,    765 SANTA CAMELIA DR    SOLANA BEACH, CA 92075</b>	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <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 #: 71106605959000126813  
 Date/Time: 8/31/2010 12:34:15 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3



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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

**PABLO LENNY CANDELARIA**  
**PO BOX 348**  
**BLANCO, NM 87412**

PS Form 3800, August 2008 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**

7110 6605 9590 0012 6820

1. Article Addressed to:

**PABLO LENNY CANDELARIA**  
**PO BOX 348**  
**BLANCO, NM 87412**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

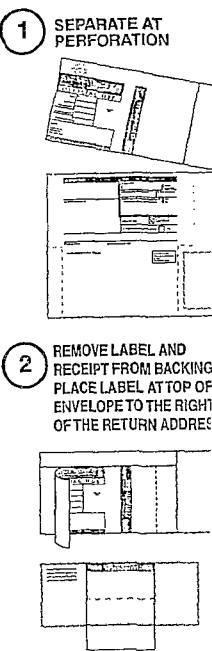
A. Signature  Agent  
**X**  Addressee

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 6820

1. Article Addressed to:

**PABLO LENNY CANDELARIA**  
**PO BOX 348**  
**BLANCO, NM 87412**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

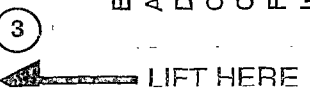
B. Received by (Printed Name) C. Date of Delivery

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

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





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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		

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 PO Box No.  
 City, State, Zip+4

**PAMELA POLLOCK BRUNS**  
**1130 FISKE**  
**PACIFIC PALISADE, CA 90272**

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**

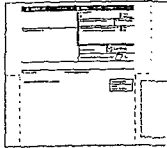
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 Article #: 71106605959000126837  
 Date/Time: 8/31/2010 12:34:15 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD rev. 01/07

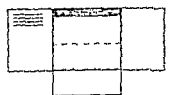
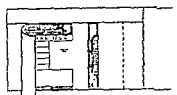
<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 6837	A. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
PAMELA POLLOCK BRUNS 1130 FISKE PACIFIC PALISADE, CA 90272	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



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 6837	A. Signature <b>x Bill Bruns</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) <b>Bill Bruns</b>	C. Date of Delivery
PAMELA POLLOCK BRUNS 1130 FISKE PACIFIC PALISADE, CA 90272	D. Is delivery address different from item 1? If YES enter delivery address below:	<input checked="" 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 #: 2194  
 Article #: 71106605959000126837  
 Date/Time: 8/31/2010 12:34:15 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3

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

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

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 3811, 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**

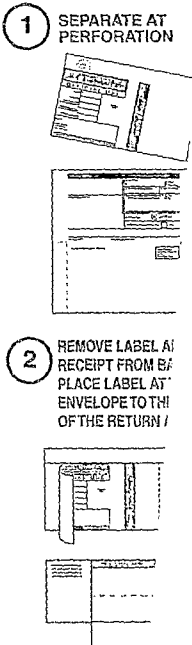
A. Signature  
**X**  Agent  
 Addressee

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 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  
**X**  Agent  
 Addressee

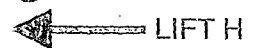
B. Received by (Printed Name) C. Date of Delivery

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

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





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 Delivery information on www.usps.com  
 7110 6605 9590 0012 6651

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

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

PS Form 3800, August 2005 PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



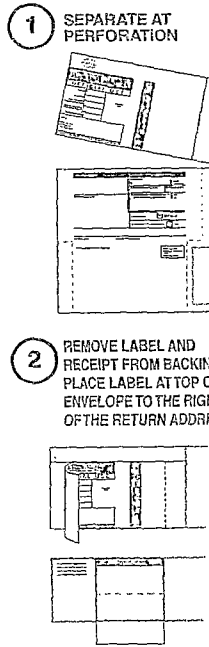
7110 6605 9590 0012 6651

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

<b>2. Article Number</b>  7110 6605 9590 0012 6651	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
1. Article Addressed to:  PAMELA I CLUTE 4300 S DAHLIA ST ENGLEWOOD, CO 80113	A. Signature <b>X</b>	<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		



<b>2. Article Number</b>  7110 6605 9590 0012 6651	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
1. Article Addressed to:  PAMELA I CLUTE 4300 S DAHLIA ST ENGLEWOOD, CO 80113	A. Signature <b>X</b> <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name)	C. Date of Delivery 9-4-10
	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 #: 71106605959000126851  
 Date/Time: 8/31/2010 12:42:22 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:





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 7110 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 **PAMELA JULIET DENNIS**  
**231 MIDDLEBURY**  
**SAN ANTONIO, TX 78217-5723**

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 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 #:

Recorder Form LCD-81 01/07

**2. Article Number**

7110 6605 9590 0012 6868

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

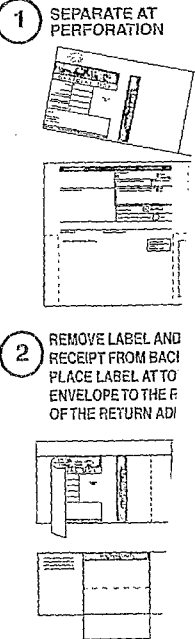
A. Signature  Agent  Addressee  
**X**

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 6868

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X** *Pamela Dennis*

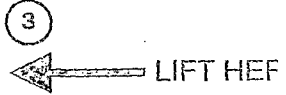
B. Received by (Printed Name) C. Date of Delivery  
 8/31/10

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





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 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	
<b>Total Postage &amp; Fees</b>	<b>\$6.15</b>	

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

Form 3800, August 2006. See Reverse for Instructions



Code: Allocation Project - D.Howell

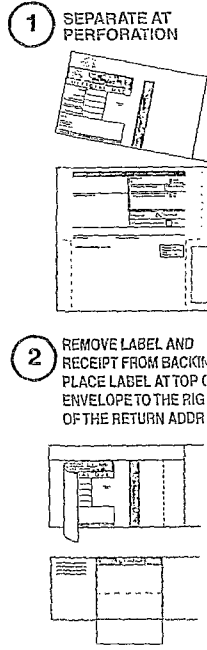
7110 6605 9590 0012 6875

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-6-01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 6875	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
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
PAT D & CRUZELIA MONTOYA LIVING TRU 211 HWY 511 BLANCO, NM 87412	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 6875	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
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
PAT D & CRUZELIA MONTOYA LIVING TRU 211 HWY 511 BLANCO, NM 87412	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 #: 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**  
(Mainland United States Only)  
7110 6605 9590 0012 6882

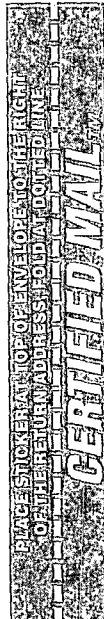
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

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

Form 3811, August 2008 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**

7110 6605 9590 0012 6882

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

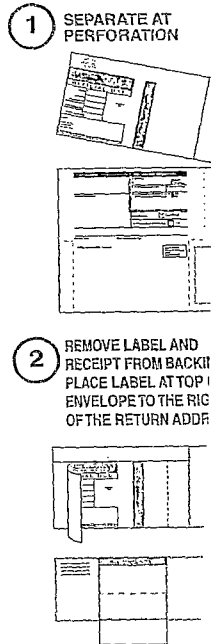
A. Signature  Agent  
 Addressee

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 6882

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

*Robin Gibson* 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 #: 71106605959000126882  
 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**  
(Certified Mail Only; No Insurance Coverage Provided)  
 For delivery information, visit our website at [www.usps.com](http://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	

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

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

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



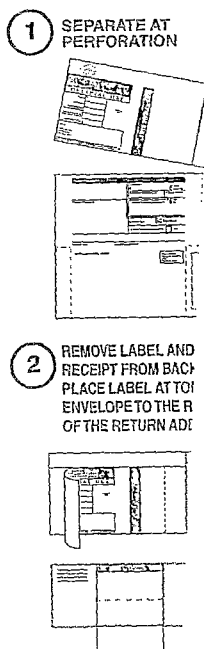
7110 6605 9590 0012 6899

**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 #:

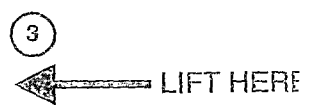
Reorder Form LCD-81 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
7110 6605 9590 0012 6899	A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
<b>PATRICIA ANN ASHBURN</b> <b>7095 69TH ST</b> <b>VERO BEACH, FL 32967</b>	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



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
7110 6605 9590 0012 6899	A. Signature <input type="checkbox"/> Agent <b>X</b> <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
<b>PATRICIA ANN ASHBURN</b> <b>7095 69TH ST</b> <b>VERO BEACH, FL 32967</b>	<b>W Ashburn</b> <b>9/2/10</b>
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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





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16 Mail Only; No Insurance Coverage Provided  
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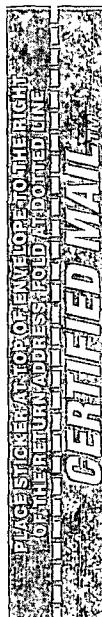
Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (Endorsement Required)	\$ 2.30	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

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

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 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**

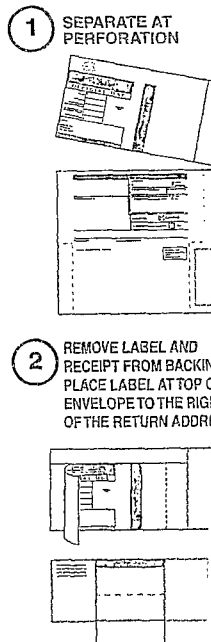
A. Signature  Agent  
**X**  Addressee

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 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**

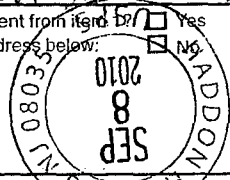
A. Signature  Agent  
**X**  Addressee

B. Received by (Printed Name) C. Date of Delivery  
**Patricia B Masi** 9/18/10

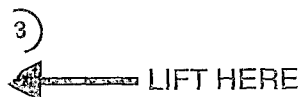
D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



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





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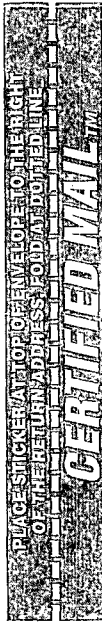
7110 6605 9590 0012 6912

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	

ent 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 #:

Form 3811, August 2006. See Reverse for Instructions

**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**

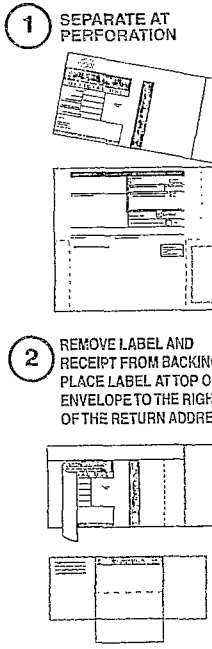
A. Signature  Agent  
**X**  Addressee

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 #:



Reorder Form LCD-11 Rev. 01/07



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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	

sent To  
 Patricia G HARVEY  
 1545 LONDON RD  
 CHARLOTTESVILLE, VA 22901

Form 3811, August 2006. Visit www.usps.com for instructions.

Code: Allocation Project - D.Howell



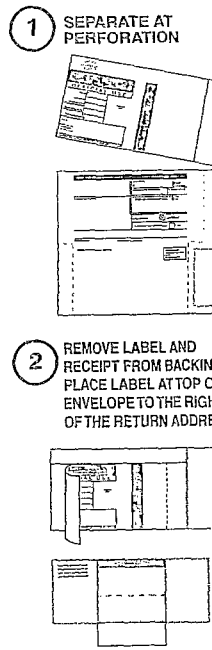
7110 6605 9590 0012 6929

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 #:

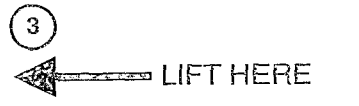
Reorder Form LCD-8 v. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 6929	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
PATRICIA G HARVEY 1545 LONDON RD CHARLOTTESVILLE, VA 22901	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <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



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 6929	A. Signature <b>X</b> <i>Test Rattle</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery 9/13/10
PATRICIA G HARVEY 1545 LONDON RD CHARLOTTESVILLE, VA 22901	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <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 #: 71106605959000126929  
 Date/Time: 8/31/2010 12:42:23 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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 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	

Post to: **PATRICIA LAURIE FRANCIL**  
 4556 CR 240  
 DURANGO, CO 81301

Form 3811, August 2006 See Reverse for Instructions



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 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**

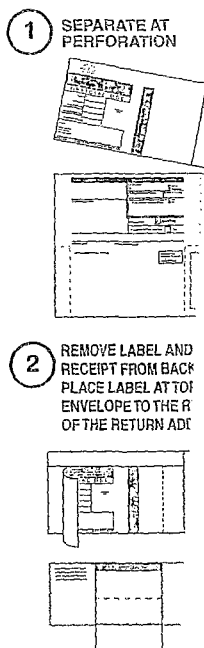
A. Signature  Agent  
 Addressee

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

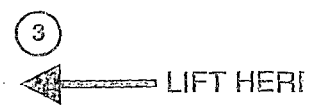
B. Received by (Printed Name) C. Date of Delivery

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 #:





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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  
 PATRICIA N RIGG  
 1303 N WALNUT  
 TUCSON, AZ 85712

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

Code: Allocation Project - D.Howell



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 #:

PS Form 3800, August 2006, See Reverse for Instructions

Reorder Form LCD-8  
 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**

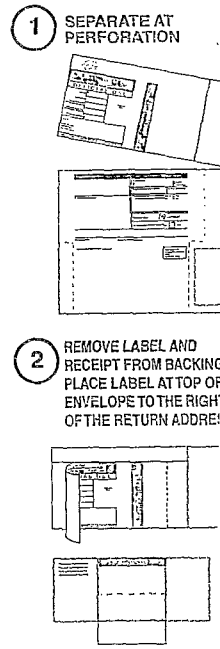
A. Signature  
 X  Agent  
 Addressee

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 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  
 X *Pat Rig*  Agent  
 Addressee

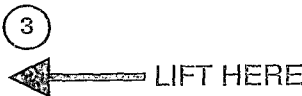
B. Received by (Printed Name) C. Date of Delivery  
 Pat Rig

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 #:





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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

reet, 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 2009. See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

**2. Article Number**

7110 6605 9590 0012 6950

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

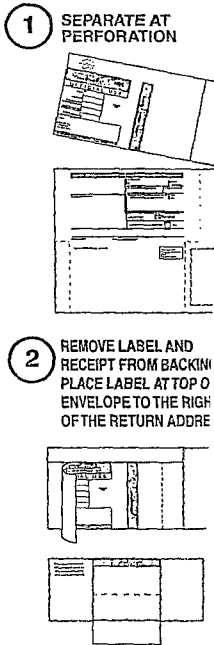
A. Signature  Agent  
**X**  Addressee

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 01/07

PS Form 3811

Domestic Return Receipt

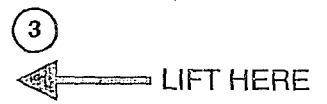
UNITED STATES POSTAL SERVICE



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







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(First-Class 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	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.15</b>	

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 #:

<b>2. Article Number</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 6967		A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	
PATRICIA STEELE 1105 GRAND AVE EVERETT, WA 98201		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

PS Form 3811

Domestic Return Receipt

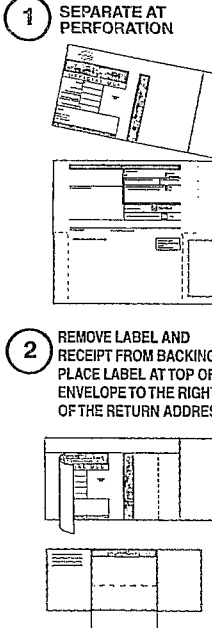
UNITED STATES POSTAL SERVICE



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



3  
 LIFT HERE

Reorder Form LCD-... ev. 01/07

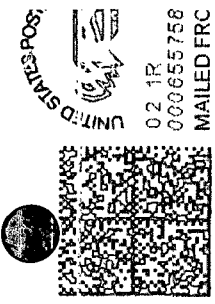
San Juan Business  
PO Box 4289  
Farmington NM 87499-4289

# ConocoPhillips

7110 6605 9590 0012 6967

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

UNRETURNED TO SENDER  
UNCLAIMED  
TRUDICIA STEELE





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 7110 6605 9590 0012 6974

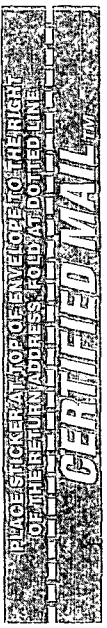
Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

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

**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**

7110 6605 9590 0012 6974

1. Article Addressed to:

**PATRICIA VELARDE**  
**409 SAN MEDINA**  
**FARMINGTON, NM 87401**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

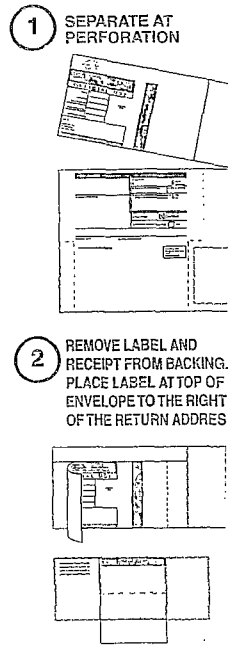
A. Signature  Agent  Addressee  
**X**

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 6974

1. Article Addressed to:

**PATRICIA VELARDE**  
**409 SAN MEDINA**  
**FARMINGTON, NM 87401**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X Patricia Velarde**

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





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

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

PS Form 3810, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

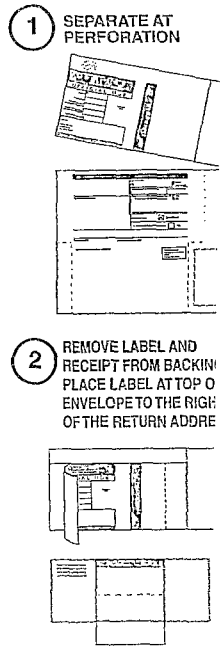
7110 6605 9590 0012 6981

**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-Rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
7110 6605 9590 0012 6981	A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
<b>PATRICK A MACINTOSH</b> <b>502 S 11TH ST</b> <b>GUNNISON, CO 81230-3212</b>	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



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
7110 6605 9590 0012 6981	A. Signature <input type="checkbox"/> Agent <b>X</b> <i>Patrick Macintosh</i> <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
<b>PATRICK A MACINTOSH</b> <b>502 S 11TH ST</b> <b>GUNNISON, CO 81230-3212</b>	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 #:





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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

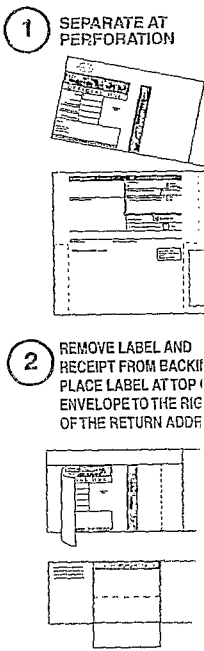
PATRICK J HERBERT III SUCC TTEE UAD  
 C/O SIMPSON ESTATES  
 30 N LA SALLE ST #1232  
 CHICAGO, IL 60602-3344

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 Edition. See Reverse for Instructions.

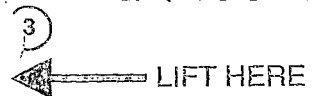
Reorder Form LCD-8 Rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
7110 6605 9590 0012 6998	A. Signature <b>X</b> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATRICK J HERBERT III SUCC TTEE UAD C/O SIMPSON ESTATES 30 N LA SALLE ST #1232 CHICAGO, IL 60602-3344	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



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
7110 6605 9590 0012 6998	A. Signature <b>X</b> <i>D. Coy</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATRICK J HERBERT III SUCC TTEE UAD C/O SIMPSON ESTATES 30 N LA SALLE ST #1232 CHICAGO, IL 60602-3344	<i>D. COY</i> <i>9/7/10</i> 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 #: 71106605959000126998  
 Date/Time: 8/31/2010 12:42:23 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:





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7110 6605 9590 0012 7001

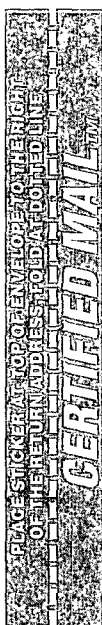
Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (Endorsement Required)	\$ 2.30	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

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

**PATSY R CUMMINS**  
**5110 A SHADYLANE**  
**MIDLAND, TX 79703**

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



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**

7110 6605 9590 0012 7001

1. Article Addressed to:

**PATSY R CUMMINS**  
**5110 A SHADYLANE**  
**MIDLAND, TX 79703**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

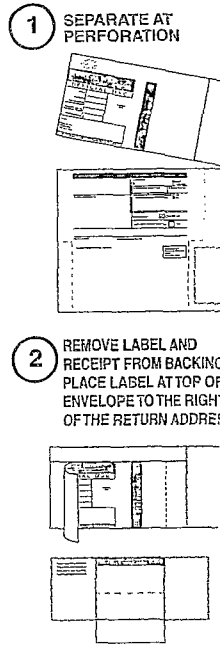
A. Signature  Agent  
 Addressee

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 7001

1. Article Addressed to:

**PATSY R CUMMINS**  
**5110 A SHADYLANE**  
**MIDLAND, TX 79703**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

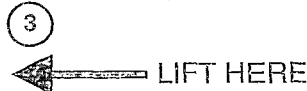
*Patsy Cummins* 9-14-10

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





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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	

Send To: **PATSY L WILLIAMSON**  
**3713 BLUEBELL DR**  
 Street, Apt. No.,  
 PO Box No.,  
 City, State, Zip+4 **EVERMAN, TX 76140**

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**

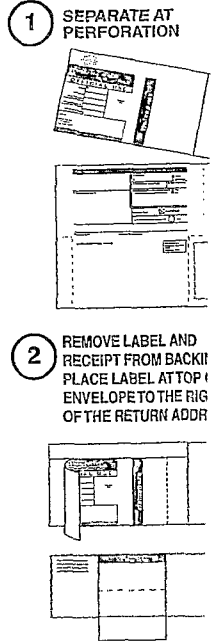
A. Signature  Agent  
**X**  Addressee

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 Wilk*  Addressee

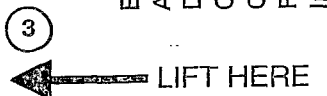
B. Received by (Printed Name) C. Date of Delivery

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 #:





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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 3800, August 2009. 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**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

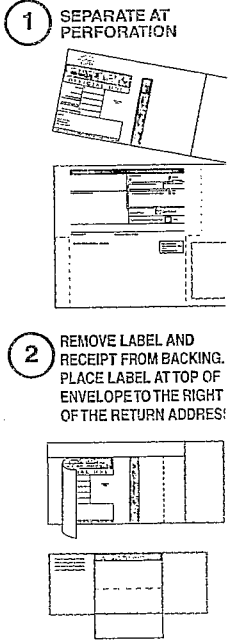
A. Signature  Agent  Addressee  
**X**

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 7018

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X Julie Patterson**

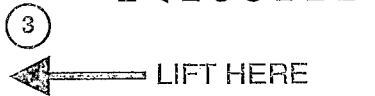
B. Received by (Printed Name) C. Date of Delivery  
**Julie Patterson 9/4/10**

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

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







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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 3800, August 2006, 4-1. 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 #:

Recorder Form LCD-1 rev. 01/07

**2 Article Number**

7110 6605 9590 0012 7025

1. Article Addressed to:

**PATTI PECK WOOD**  
**PO BOX 1099**  
**RISING STAR, TX 76471**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X**

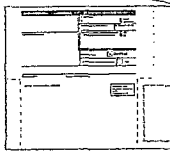
B. Received by (Printed Name) C. Date of Delivery

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

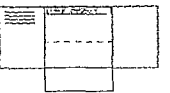
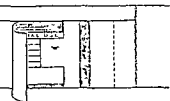
3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

1 SEPARATE AT PERFORATION



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



**2 Article Number**

7110 6605 9590 0012 7025

1. Article Addressed to:

**PATTI PECK WOOD**  
**PO BOX 1099**  
**RISING STAR, TX 76471**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X Shirley Allen**

B. Received by (Printed Name) C. Date of Delivery  
**Shirley Allen 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 #: 71106605959000127025  
 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**  
(No 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**

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7032

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

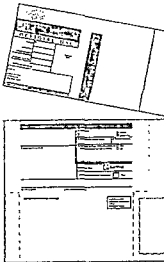
Batch #: 2195  
 Article #: 71106605959000127032  
 Date/Time: 8/31/2010 12:42:24 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3809, August 2006 See Reverse for Instructions

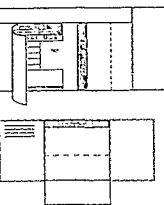
Reorder Form LCD-8 Rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 7032	A. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
<b>PAUL A BRENNAND</b> <b>6408 ST ANNES CT NE</b> <b>ALBUQUERQUE, NM 87111</b>	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <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

1 SEPARATE AT PERFORATION



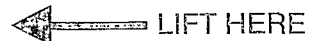
2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 7032	A. Signature <b>X</b> <i>Paul A. Brennand</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Paul A. Brennand</i>	C. Date of Delivery <i>9-3-10</i>
<b>PAUL A BRENNAND</b> <b>6408 ST ANNES CT NE</b> <b>ALBUQUERQUE, NM 87111</b>	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <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 #: 71106605959000127032  
 Date/Time: 8/31/2010 12:42:24 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3





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 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	

Send 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 2008. See Reverse for Instructions.

Code: Allocation Project - D.Howell



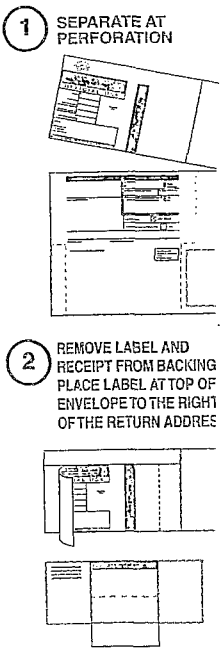
7110 6605 9590 0012 7049

**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 #:

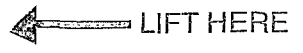
Reorder Form LCD-8 Rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 7049	A. Signature <b>X</b>	
1. Article Addressed to:	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
PAUL A TREXEL 6460 EL ROBLE ST LONG BEACH, CA 90815-4617	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
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 7049	A. Signature <b>X William A. Trefel</b>	
1. Article Addressed to:	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery 8-7-10
PAUL A TREXEL 6460 EL ROBLE ST LONG BEACH, CA 90815-4617	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
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> 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 #:





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**CERTIFIED MAIL RECEIPT**  
For Mail Only. No Insurance Coverage Provided.  
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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

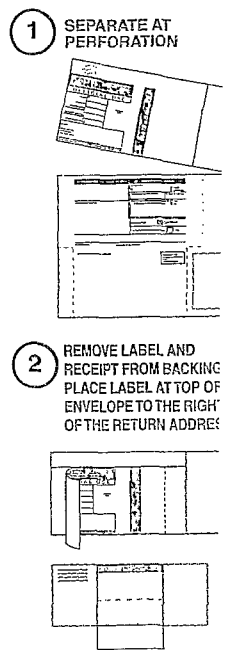
PAUL DAVIS LTD  
P O BOX 871  
MIDLAND, TX 79702

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

PS Form 3811, August 2006 See Reverse for Instructions

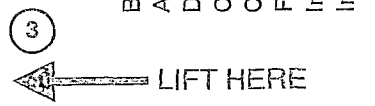
Reorder Form LCD-8 v. 01/07

<b>2. Article Number</b>  7110 6605 9590 0012 7056	<b>COMPLETE THIS SECTION ON DELIVERY</b>
1. Article Addressed to:  PAUL DAVIS LTD P O BOX 871 MIDLAND, TX 79702	A. Signature <b>X</b> <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	



<b>2. Article Number</b>  7110 6605 9590 0012 7056	<b>COMPLETE THIS SECTION ON DELIVERY</b>
1. Article Addressed to:  PAUL DAVIS LTD P O BOX 871 MIDLAND, TX 79702	A. Signature <b>X</b> <i>Jerrimah Luttrell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) C. Date of Delivery <i>Jerrimah Luttrell</i> 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 #: 71106605959000127056  
 Date/Time: 8/31/2010 12:42:24 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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(No Return Receipt or Insurance Coverage Provided)  
For more information visit our website at [www.usps.com](http://www.usps.com)

7110 6605 9590 0012 7063

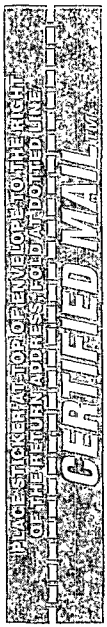
Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

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**

Form 3800, August 2006. See Reverse for Instructions

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 #:

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**

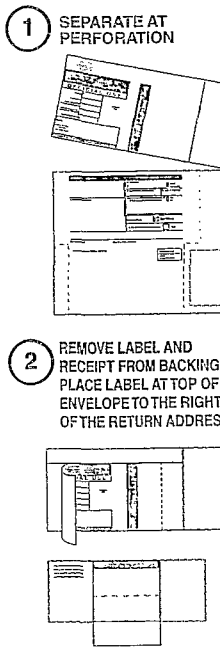
A. Signature  Agent  Addressee  
**X**

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 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**

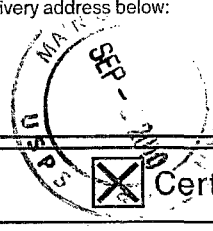
A. Signature  Agent  Addressee  
**X**

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

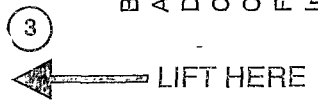
D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



Batch #: 2195  
 Article #: 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**  
*(No Mail Only, No Insurance Coverage Provided)*

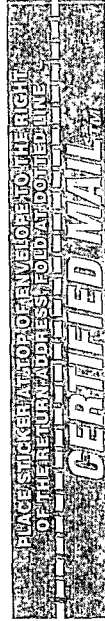
7110 6605 9590 0012 7070

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**

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7070

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

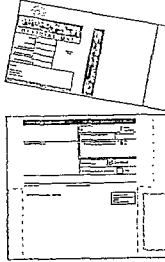
Batch #: 2195  
 Article #: 71106605959000127070  
 Date/Time: 8/31/2010 12:42:24 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

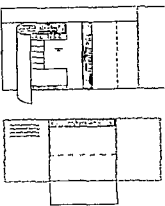
Reorder Form LCD-8 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 7070	A. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
PAUL R. MAYO, JR. 8918 TESORO DR, SUITE 505 SAN ANTONIO, TX 78217	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <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

1 SEPARATE AT PERFORATION



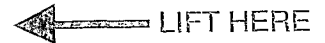
2 REMOVE LABEL AND RECEIPT FROM BACK OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 7070	A. Signature <b>X</b> <i>John Nahn</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>JOHN NAHN</i>	C. Date of Delivery <i>9/2/10</i>
PAUL R. MAYO, JR. 8918 TESORO DR, SUITE 505 SAN ANTONIO, TX 78217	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <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

3

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**  
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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**

Form 3800, 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- rev. 01/07

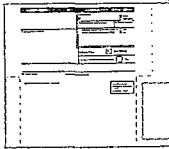
<b>2. Article Number</b> 7110 6605 9590 0012 7087	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
1. Article Addressed to:  PAUL SLAYTON P.O. BOX 2035 ROSWELL, NM 88202-2035	A. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	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

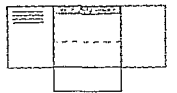
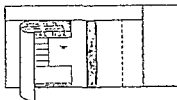
<b>2. Article Number</b> 7110 6605 9590 0012 7087	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
1. Article Addressed to:  PAUL SLAYTON P.O. BOX 2035 ROSWELL, NM 88202-2035	A. Signature <b>X</b> <i>Jane Andrews</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) <i>Jane Andrews</i>	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  <i>Box 2035</i>	
	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

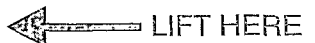


2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



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





U.S. Postal Service  
**CERTIFIED MAIL - RECEIPT**  
*(For Mail Only, Not First-Class Coverage Provided)*

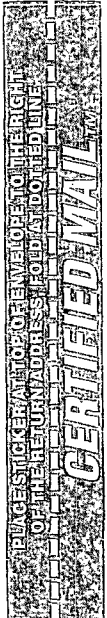
7110 6605 9590 0012 7094		
Postage \$	\$1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees \$	\$6.15	

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

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

Form 3811, August 2008. 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**

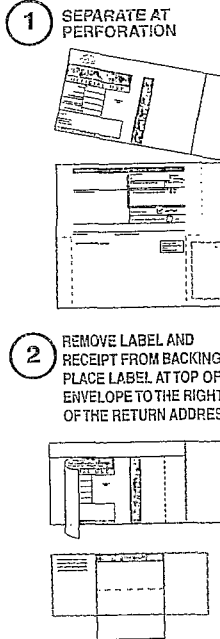
A. Signature  Agent  
**X**  Addressee

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**

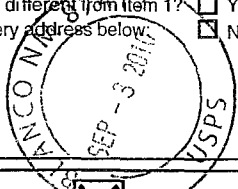
A. Signature  Agent  
**X**  Addressee

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

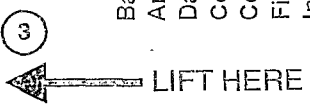
D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No

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**  
(First-Class Mail Only; No Insurance Coverage Provided)  
 For more 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		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$6.15</b>	

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 #:

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
7110 6605 9590 0012 7100	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PAULINE GARCIA 9835 1/2 4TH ST NW ALBUQUERQUE, NM 87114	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

PS Form 3811 Domestic Return Receipt

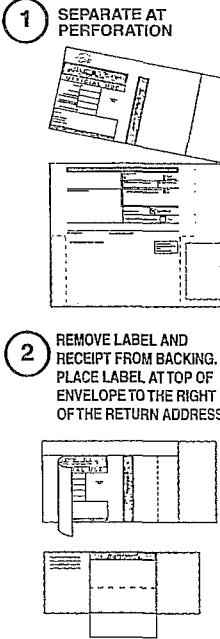
UNITED STATES POSTAL SERVICE



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 #:



3  
 LIFT HERE

San Juan Business Unit  
PO Box 4289  
Farmington NM 87499-4289

  
**Conocophillips**  
UNDELIVERABLE  
UNADDRESSED,  
UNABLE TO FORWARD

7110 6605 9590 0012 7117

9/14

*[Handwritten scribbles and illegible text]*

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

UNITED STATES  
57  
MAILED F



**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
(No Return Receipt, No Insurance Coverage Provided)  
 For more information visit our website at [www.usps.com](http://www.usps.com)

7110 6605 9590 0012 7117

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

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

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 7117	A. Signature <input type="checkbox"/> Agent <b>X</b> <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	
PAULINE P. JOHNSON 10610 S EVERS PARK DRIVE HOUSTON, TX 77024	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

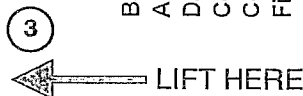
UNITED STATES POSTAL SERVICE



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

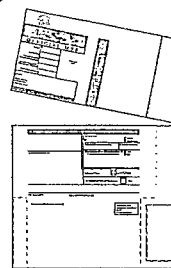
**Lisa Hunter, Land Department**  
**SJBU ConocoPhillips**  
**P.O. Box 4289**  
**Farmington, NM 87499**

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

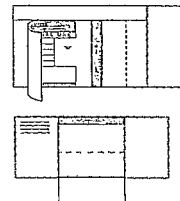


Reorder Form LCD- rev. 01/07

1 SEPARATE AT PERFORATION



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





**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
Electronic Mail Only; No Insurance Coverage Provided  
 For delivery information visit our website at [www.usps.com](http://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  
TILLAMOOK, OR 97141-2503**

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

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™**

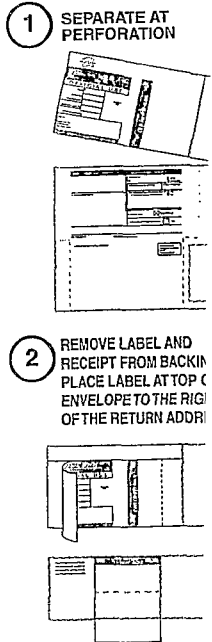
7110 6605 9590 0013 3941

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 #:

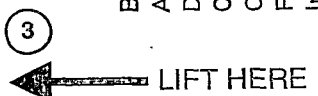
Reorder Form LCD-8 v. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 3941	A. Signature <input type="checkbox"/> Agent <b>X</b> <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
PEARL R TAYLOR EST 2610 FIRST ST TILLAMOOK, OR 97141-2503	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	



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 3941	A. Signature <input type="checkbox"/> Agent <i>Linda Taylor</i> <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
PEARL R TAYLOR EST 2610 FIRST ST TILLAMOOK, OR 97141-2503	<i>Linda Taylor</i>	9.20.10
	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	

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**  
(Mail Only, No Insurance Coverage Provided)  
Delivery Information Visit Our Website at [www.usps.com](http://www.usps.com)

7110 6605 9590 0012 7124

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

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

PS Form 3800, August 2006 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-8111 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  Agent  
**X**  Addressee

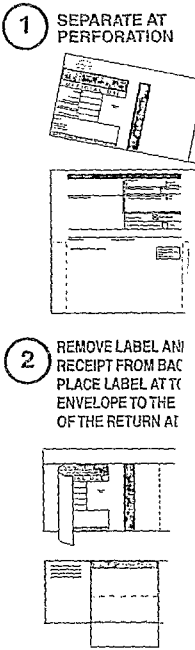
B. Received by (Printed Name) C. Date of Delivery

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 7124

1. Article Addressed to:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X Louise GIBBON**  Addressee

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

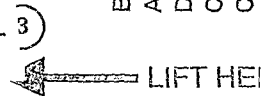
D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No

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:





**US Postal Service**  
**CERTIFIED MAIL RECEIPT**  
Mail Only, No Insurance Coverage Provided  
Delivery Information Visit Our Website At [www.usps.com](http://www.usps.com)

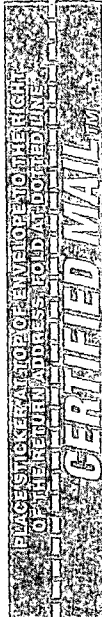
7110 6605 9590 0012 7131

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	

Postage To: **PENNIES FROM HEAVEN LLC**  
**PO BOX 840738**  
**DALLAS, TX 75284-0738**

From 8/30 August 2010 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-81 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  
**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 7131

1. Article Addressed to:

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

**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

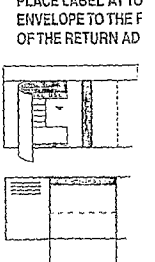
4. Restricted Delivery? (Extra Fee)  Yes

Code: Allocation Project - D.Howell

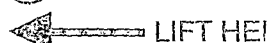
1 SEPARATE AT PERFORATION



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	
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$6.15</b>	

ent To

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

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

PS Form 3800, August 2005, 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

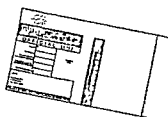
**Lisa Hunter, Land Department**  
**SJBU ConocoPhillips**  
**P.O. Box 4289**  
**Farmington, NM 87499**

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

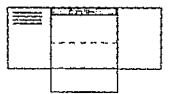
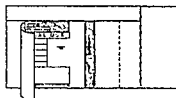
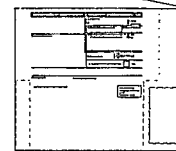
3

LIFT HERE

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-11, Rev. 01/07

ROVED

**Postal Service**  
**REGISTERED MAIL - RECEIPT**  
Domestic Mail Only, No Insurance Coverage Provided  
 Delivery Information Visit our Website at [www.usps.com](http://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	

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

**PERRY H. POLLOCK**  
**PO BOX 950**  
**ASPEN, CO 81612**

Code: Allocation Project - D.Howell



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 #:

Form 3800, August 2006 See Reverse for Instructions

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

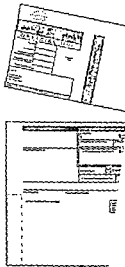
B. Received by (Printed Name) C. Date of Delivery

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

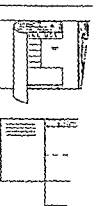
3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

1 SEPARATE AT PERFORATION



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



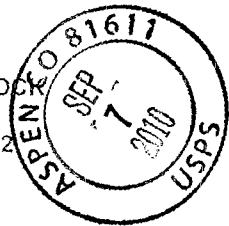
**2. Article Number**

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

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







**Postal Service**  
**CERTIFIED MAIL RECEIPT**  
Mail Only. No Insurance Coverage Provided.  
 Delivery by First-Class Mail with Registered Mail™  
 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	

ent To **PETCO LIMITED**  
**PO BOX 911**  
**BRECKENRIDGE, TX 76424-0911**

reet, Apt. No.;  
 r PO Box No.  
 ity, State, Zip+4

Form 3811, August 2009. Use separate instructions.

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-811F 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**

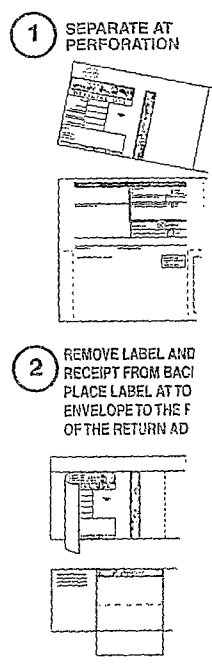
A. Signature  Agent  Addressee  
**X**

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 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  Agent  Addressee  
*Martha Noggle*

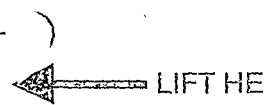
B. Received by (Printed Name) C. Date of Delivery  
*Martha Noggle* 9-7-10

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 #:  
 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 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	

ent 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

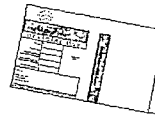
PETER CLAUD JACOBSEN  
 3319 HULEN  
 FORT WORTH, TX 76107

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

Reorder Form LCD-811 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7179	A. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
PETER CLAUD JACOBSEN 3319 HULEN FORT WORTH, TX 76107	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7179	A. Signature <b>X</b> <i>Peter Claus Jacobsen</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) <i>Jacobsen</i>	C. Date of Delivery <i>9/5</i>
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
PETER CLAUD JACOBSEN 3319 HULEN FORT WORTH, TX 76107	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 #: 71106605959000127179  
 Date/Time: 8/31/2010 12:42:24 PM  
 Code: Allocation Project - D.Howell  
 Code2:

3 LIFT HERE



**Postal Service**  
**REGISTERED MAIL RECEIPT**  
Registered Mail Only. No Insurance Coverage Provided.  
 For more information visit our website at [www.usps.com](http://www.usps.com)  
 7110 6605 9590 0012 7186

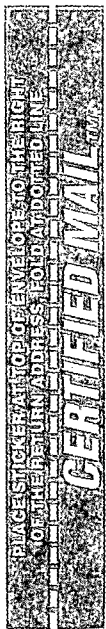
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To **PETER MCKEE BRENNAND**  
**PO BOX 6268**  
**SANTA FE, NM 87502**

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 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 #:

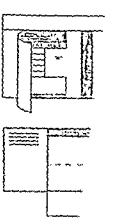
Reorder Form LCD-811R rev. 01/07

<b>2. Article Number</b>  7110 6605 9590 0012 7186	<b>COMPLETE THIS SECTION ON DELIVERY</b>
1. Article Addressed to:  <b>PETER MCKEE BRENNAND</b> <b>PO BOX 6268</b> <b>SANTA FE, NM 87502</b>	A. Signature <input type="checkbox"/> Agent <b>X</b> <input checked="" type="checkbox"/> Addressee
	B. Received by (Printed Name) C. Date of Delivery
Code: Allocation Project - D.Howell	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

1 SEPARATE AT PERFORATION

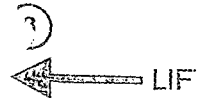


2 REMOVE LABEL RECEIPT FROM PLACE LABEL / ENVELOPE TO OF THE RETURN



<b>2. Article Number</b>  7110 6605 9590 0012 7186	<b>COMPLETE THIS SECTION ON DELIVERY</b>
1. Article Addressed to:  <b>PETER MCKEE BRENNAND</b> <b>PO BOX 6268</b> <b>SANTA FE, NM 87502</b>	A. Signature <input type="checkbox"/> Agent <b>X</b> <input checked="" type="checkbox"/> Addressee
	B. Received by (Printed Name) C. Date of Delivery <b>Peter McKee Brennand</b> <b>9/4/10</b>
Code: Allocation Project - D.Howell	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

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





U.S. Postal Service  
**CERTIFIED MAIL - RECEIPT**  
Mail Only, No Insurance (Cover Provided)  
Delivery and return times may vary. Visit us at [www.usps.com](http://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  
 Street, Apt. No.,  
 PO Box No.  
 City, State, Zip+4

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

Form 3811, August 2005 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 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-811F 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**

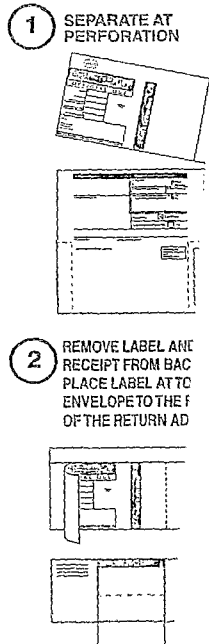
A. Signature  Agent  
 Addressee

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  
 Addressee

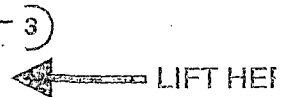
B. Received by (Printed Name) C. Date of Delivery

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**

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7209

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

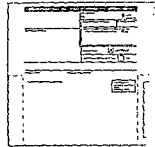
Batch #: 2195  
 Article #: 71106605959000127209  
 Date/Time: 8/31/2010 12:42:25 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

PS Form 3811, August 2009 See Reverse for Instructions

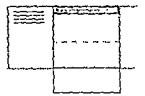
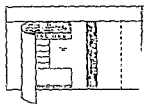
Reorder Form LCD-81 01/07

<b>2. Article Number</b> 7110 6605 9590 0012 7209	<b>COMPLETE THIS SECTION ON DELIVERY</b>
1. Article Addressed to:  <b>PETROGULF CORPORATION</b> <b>518 17TH ST STE 1455</b> <b>DENVER, CO 80202</b>	A. Signature <input checked="" type="checkbox"/> 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	

1 SEPARATE AT PERFORMANCE



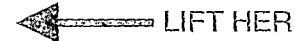
2 REMOVE LABEL AND RECEIPT FROM BACK PLACE LABEL AT TO ENVELOPE TO THE FRONT OF THE RETURN ADDRESS



<b>2. Article Number</b> 7110 6605 9590 0012 7209	<b>COMPLETE THIS SECTION ON DELIVERY</b>
1. Article Addressed to:  <b>PETROGULF CORPORATION</b> <b>518 17TH ST STE 1455</b> <b>DENVER, CO 80202</b>	A. Signature <input checked="" type="checkbox"/> X <i>D. Howell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) 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 #: 71106605959000127209  
 Date/Time: 8/31/2010 12:42:25 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:

3



LIFT HERE



**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 7216

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (Endorsement Required)	\$ 2.30	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.15</b>	

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

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

Form 3811, August 2006 Seal Rate See Instructions

Code: Allocation Project - D.Howell



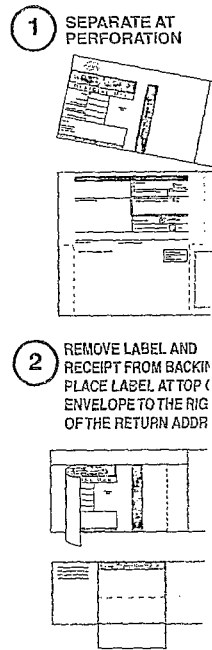
7110 6605 9590 0012 7216

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 #:

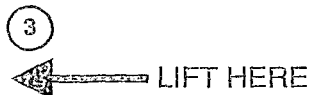
Reorder Form LCD Rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 7216	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
PGC GAS COMPANY 8080 N CENTRAL EXPWY STE 1090 DALLAS, TX 75206	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	



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 7216	A. Signature <b>X</b> <i>Emette Khan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
PGC GAS COMPANY 8080 N CENTRAL EXPWY STE 1090 DALLAS, TX 75206	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 #: 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**  
(No Mail Daily No Insurance Coverage Provided)  
 For information visit our website at [www.usps.com](http://www.usps.com)

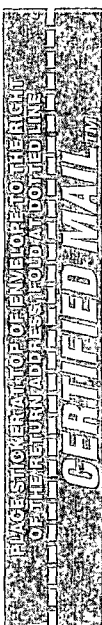
7110 6605 9590 0012 7223

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

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

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 #:

Form 3800 August 2006 See Reverse for Instructions

**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**

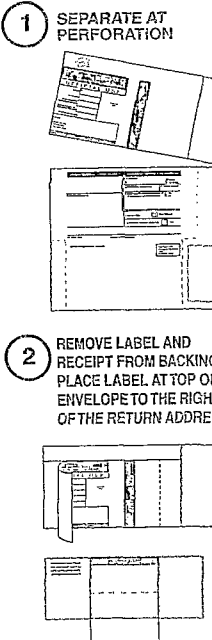
A. Signature  Agent  
 Addressee

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

**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  
 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 #: 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**  
For Mail Only. No Insurance Coverage Provided.  
 Delivery Information Visit Our Website at www.usps.com

7110 6605 9590 0012 7230

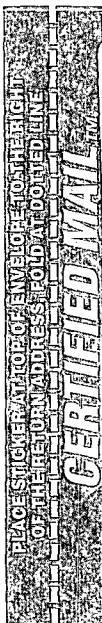
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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 2003 See Reverse for Instructions

Code: Allocation Project - D.Howell



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-8-01/07

**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**

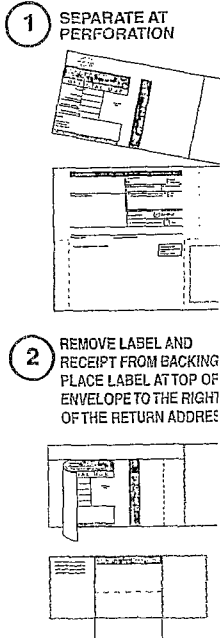
A. Signature  Agent  
**X**  Addressee

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 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**

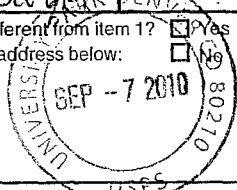
A. Signature  Agent  
**X** *Debra L Homburger*  Addressee

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

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 every information visit our website at www.usps.com

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

ent To **\$5.54**  
**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 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 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**

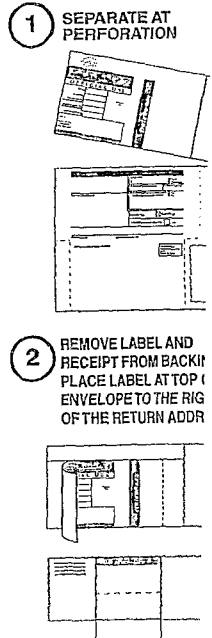
A. Signature  Agent  
**X**  Addressee

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

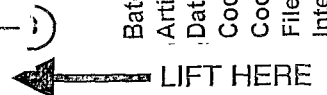
B. Received by (Printed Name) C. Date of Delivery  
*Phillip Marberry* 9/14/10

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



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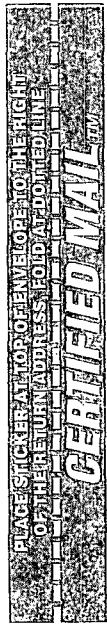
7110 6605 9590 0012 7247

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**

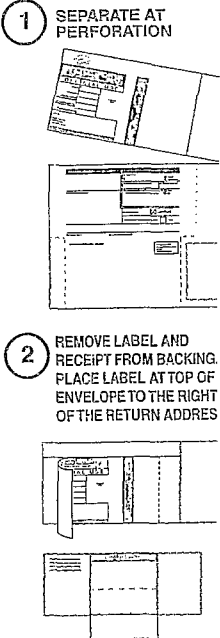
A. Signature  
**X**  Agent  
 Addressee

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

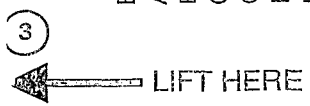
B. Received by (Printed Name) C. Date of Delivery  
*Phyllis F. Hoffman* 9/3/10

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**  
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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	

sent 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 2005. See reverse for instructions.

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. HOLD AT ADDITIONAL LINE.

**CERTIFIED MAIL™**

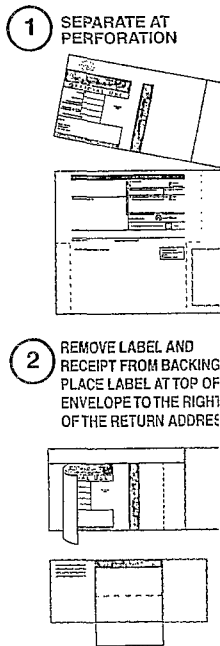
7110 6605 9590 0012 7254

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 #:

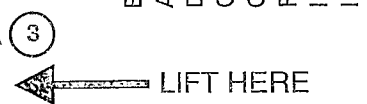
Reorder Form LCD-8 Rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
7110 6605 9590 0012 7254	A. Signature <b>X</b> <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



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
7110 6605 9590 0012 7254	A. Signature <b>X</b> <i>Diane Caslett</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**  
Use Mail Only, No Insurance Coverage Provided

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	

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

**PINON RESOURCES INC  
 203 JACKSON ST  
 DENVER, CO 80206**

Form 3800, August 2006 See the reverse for instructions

Code: Allocation Project - D.Howell



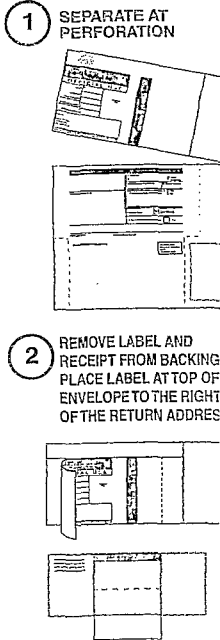
7110 6605 9590 0012 7261

**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 #:

Reorder Form LCD-8 Rev. 01/07

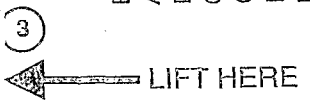
<b>2. Article Number</b> 7110 6605 9590 0012 7261	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
1. Article Addressed to:  <b>PINON RESOURCES INC  203 JACKSON ST  DENVER, CO 80206</b>	A. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name)	C. 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		



PS Form 3811

<b>2. Article Number</b> 7110 6605 9590 0012 7261	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
1. Article Addressed to:  <b>PINON RESOURCES INC  203 JACKSON ST  DENVER, CO 80206</b>	A. Signature <b>X</b> <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) <i>L. Dichter</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 #: 71106605959000127261  
 Date/Time: 8/31/2010 12:42:25 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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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**

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 #:

Form 3811, August 2006 See Reverse for Instructions

**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**

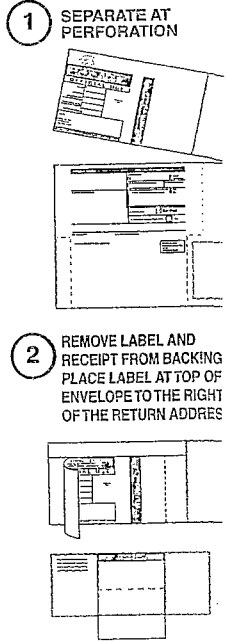
A. Signature  Agent  
**X**  Addressee

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**  Addressee

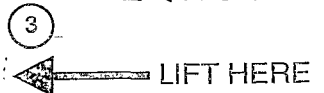
B. Received by (Printed Name) C. Date of Delivery

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 #: 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



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 For more information visit our website at [www.usps.com](http://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

7110 6605 9590 0012 7285

Code: Allocation Project - D.Howell

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

**CERTIFIED MAIL**

Form 3800, August 2005. See Reverse for Instructions.

Code: Allocation Project - D.Howell

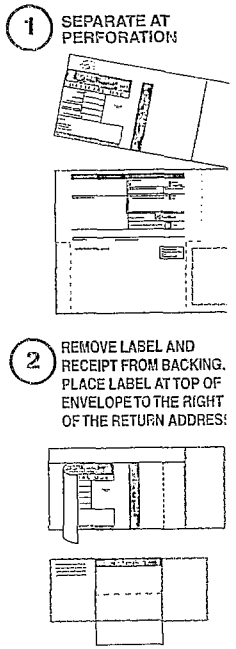
7110 6605 9590 0012 7285

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 #:

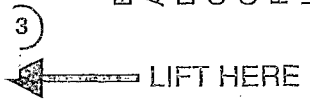
Reorder Form LCD-8 Rev. 01/07

<b>2 Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
7110 6605 9590 0012 7285	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
PIONEER NATURAL RESOURCES USA INC ATTN NM PROPERTY MESA ROY TR 315 JOHNSTONE 1060 POB BARTLESVILLE, OK 74004	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



<b>2 Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
7110 6605 9590 0012 7285	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
PIONEER NATURAL RESOURCES USA INC ATTN NM PROPERTY MESA ROY TR 315 JOHNSTONE 1060 POB BARTLESVILLE, OK 74004	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 #: 71106605959000127285  
 Date/Time: 8/31/2010 12:42:25 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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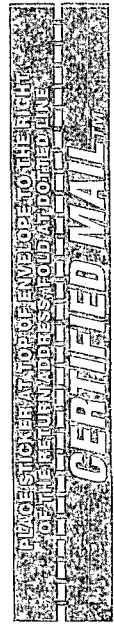
7110 6605 9590 0012 7292

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  
 Pitch Energy Corp  
 PO BOX 304  
 ARTESIA, NM 88211-0304

Form 3800, August 2009. See Reverse for Instructions

Code: Allocation Project - D.Howell



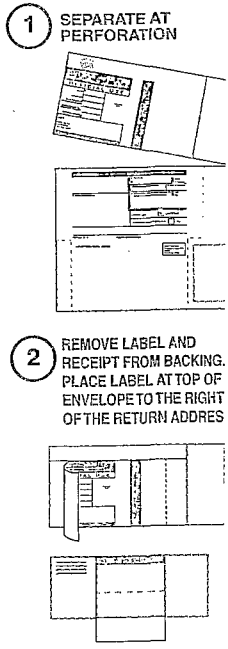
7110 6605 9590 0012 7292

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 #:

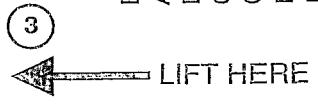
Reorder Form LCD-8 Rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 7292	A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
PITCH ENERGY CORP PO BOX 304 ARTESIA, NM 88211-0304	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	



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 7292	A. Signature <input type="checkbox"/> Agent <b>X</b> <i>Kandra Robin</i> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
PITCH ENERGY CORP PO BOX 304 ARTESIA, NM 88211-0304	<i>Kandra Robin</i>	
Code: Allocation Project - D.Howell	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	

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





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7110 6605 9590 0012 7308

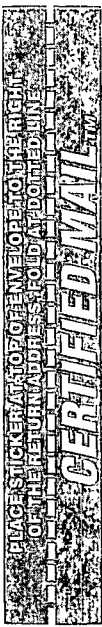
Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

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-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**

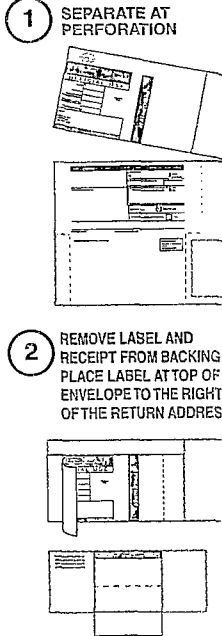
A. Signature  Agent  Addressee  
**X**

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 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  
**X Regga**

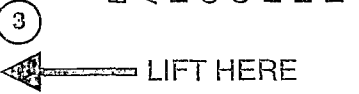
B. Received by (Printed Name) C. Date of Delivery  
**Reginald Abel 9/15/10**

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







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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 2006 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 #:

Reorder 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**

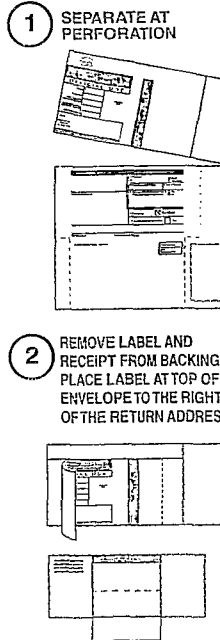
A. Signature  Agent  
 Addressee

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  Agent  
 Addressee

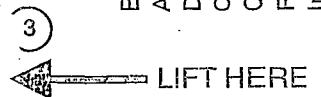
B. Received by (Printed Name) C. Date of Delivery

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





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7110 6605 9590 0012 7322

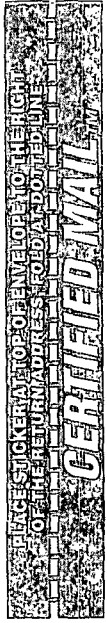
Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

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

**PRIMITIVE PETROLEUM INC  
 4514 ROBIN LANE  
 MIDLAND, TX 79707**

Form 3811, Article 2006, See reverse for restrictions

Code: Allocation Project - D.Howell



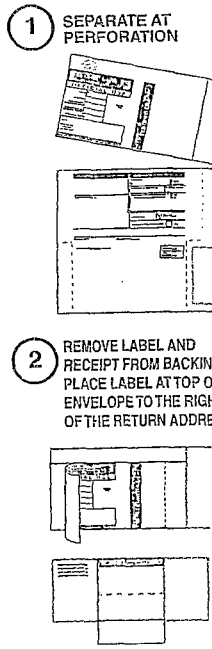
7110 6605 9590 0012 7322

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 #:

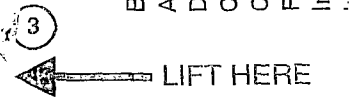
Reorder Form LCD-8 v. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
7110 6605 9590 0012 7322	<p>A. Signature <input checked="" 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>
1. Article Addressed to:	
PRIMITIVE PETROLEUM INC 4514 ROBIN LANE MIDLAND, TX 79707	
	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Code: Allocation Project - D.Howell	



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
7110 6605 9590 0012 7322	<p>A. Signature <input checked="" 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>
1. Article Addressed to:	
PRIMITIVE PETROLEUM INC 4514 ROBIN LANE MIDLAND, TX 79707	
	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 #: 71106605959000127322  
 Date/Time: 8/31/2010 12:42:25 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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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



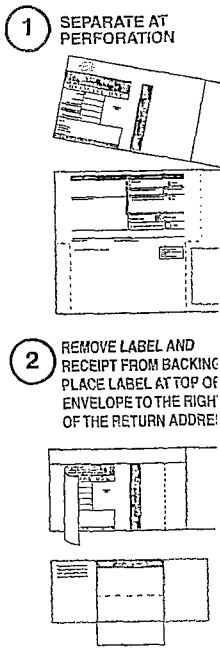
7110 6605 9590 0012 7339

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 #:

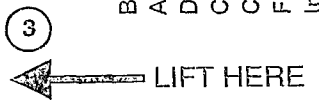
Reorder Form LCD-8  
 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
7110 6605 9590 0012 7339	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
PRINCETON UNIVERSITY GRADUATE COLLEGE PO BOX 35 PRINCETON, NJ 08544-0035	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



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
7110 6605 9590 0012 7339	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
PRINCETON UNIVERSITY GRADUATE COLLEGE PO BOX 35 PRINCETON, NJ 08544-0035	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 #: 71106605959000127339  
 Date/Time: 8/31/2010 12:42:25 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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7110 6605 9590 0012 7346

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	

Postage To: **PRISCILLA HESS WATSON**  
 6200 BRIAR ROSE  
 HOUSTON, TX 77057

Form 3800, August 2006 PSN 7534 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**

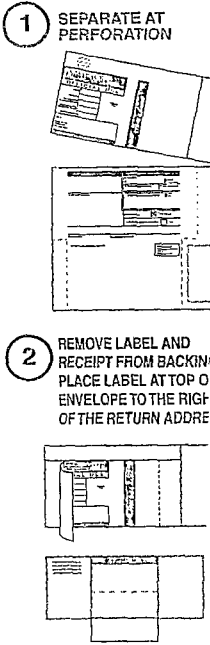
A. Signature  Agent  
 Addressee

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  
 Addressee

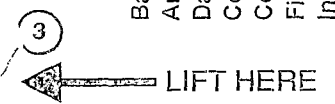
B. Received by (Printed Name) C. Date of Delivery

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





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7110 6605 9590 0012 7353

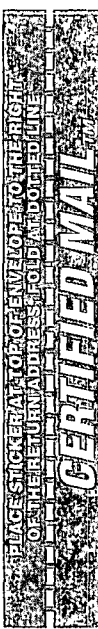
Postage	\$	
	\$1.05	
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

Postmark Here

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

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

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**

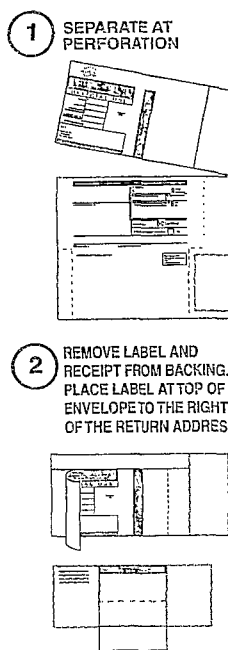
A. Signature  
**X**  Agent  
 Addressee

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 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  
**X** *Roland D Pritchett*  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Roland D Pritchett* *9/1/10*

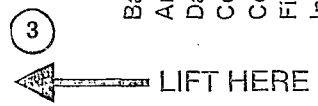
D. Is delivery address different from item 1?  Yes  
If YES enter delivery address below:  No

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

3

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





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7110 6605 9590 0012 7360

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

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

PS Form 3800, August 2006, N. 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**

7110 6605 9590 0012 7360

1. Article Addressed to:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X**

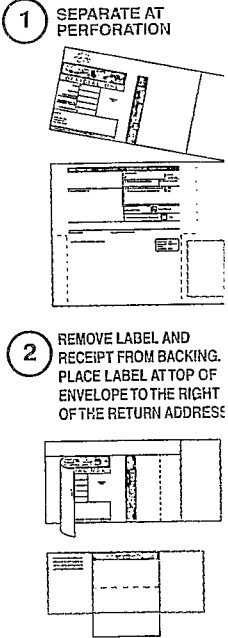
B. Received by (Printed Name) C. Date of Delivery

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 7360

1. Article Addressed to:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X** *Imette Khan*

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

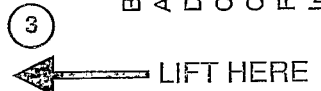
D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Code: Allocation Project - D.Howell

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





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7110 6605 9590 0012 7377

Postage	\$		Postmark Here
	\$1.05		
Certified Fee	\$2.80		
Return Receipt Fee (endorsement Required)	\$2.30		
Restricted Delivery Fee (endorsement Required)	\$0.00		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$6.15</b>	

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, PSN 7520-01-000-9000. 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-001 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  Addressee

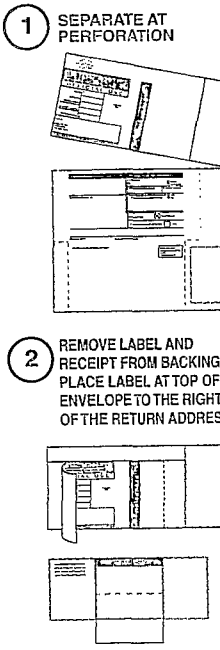
**X**

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 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  Addressee

**X) Gayle Ellis**

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

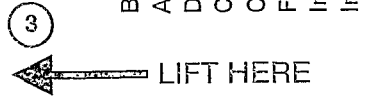
**G Ellis** **9/7/10**

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





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**CERTIFIED MAIL RECEIPT**  
(The Mail Only, No Insurance Coverage Provided)  
For information on this form, visit us 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	
Total Postage & Fees	\$	\$6.15	

ent To

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

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 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**

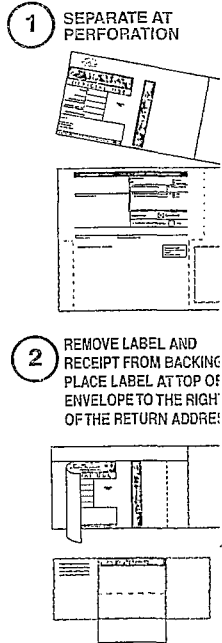
A. Signature  
 X  Agent  
 Addressee

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 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  
 X *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 05 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 #: 71106605959000127384  
 Date/Time: 8/31/2010 12:42:26 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

