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7110 6605 9590 0013 1077

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 **T D CUNNINGHAM**
 PO BOX 5383
 DENVER, CO 80217-5383

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1077

T D CUNNINGHAM
 PO BOX 5383
 DENVER, CO 80217-5383

Batch #: 2202
 Article #: 71106605959000131077
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800, August 2009. See reverse for instructions.

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1077

1. Article Addressed to:

T D CUNNINGHAM
 PO BOX 5383
 DENVER, CO 80217-5383

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

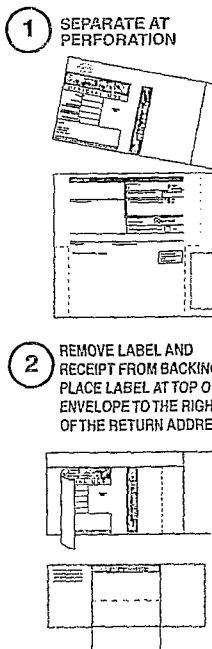
A. Signature Agent Addressee
X

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 0013 1077

1. Article Addressed to:

T D CUNNINGHAM
 PO BOX 5383
 DENVER, CO 80217-5383

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
T D Cunningham

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2202
 Article #: 71106605959000131077
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



APPROVED

U.S. Postal Service
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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	

7110 6605 9590 0013 1091

Code: Allocation Project - D.Howell

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

TAMACAM LLC
C/O JAMES M RAYMOND-POA
PO BOX 291445
KERRVILLE, TX 78029-1445

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

7110 6605 9590 0013 1091

TAMACAM LLC
C/O JAMES M RAYMOND-POA
PO BOX 291445
KERRVILLE, TX 78029-1445

Batch #: 2202
Article #: 71106605959000131091
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form 1R rev. 01/07

2. Article Number

7110 6605 9590 0013 1091

1. Article Addressed to:

TAMACAM LLC
C/O JAMES M RAYMOND-POA
PO BOX 291445
KERRVILLE, TX 78029-1445

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

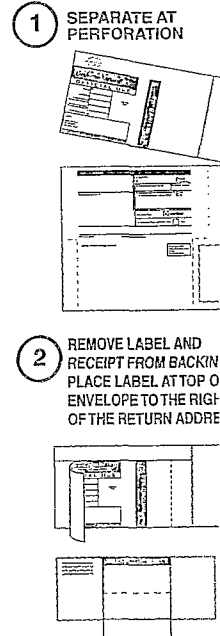
A. Signature Agent
X Addressee

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 0013 1091

1. Article Addressed to:

TAMACAM LLC
C/O JAMES M RAYMOND-POA
PO BOX 291445
KERRVILLE, TX 78029-1445

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery
Nicole Govertsen *09/02/10*

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 #: 2202
Article #: 71106605959000131091
Date/Time: 8/31/2010 1:28:43 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 0013 4023

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	

ent To **TANE R POTTER**
109 KING JAMES CIR
 Street, Apt. No.;
 or PO Box No.
 City, State, Zip+4 **OXFORD, PA 19363-4223**

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 4023

TANE R POTTER
109 KING JAMES CIR
OXFORD, PA 19363-4223

Batch #: 2273
 Article #: 71106605959000134023
 Date/Time: 9/14/2010 3:35:39 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0013 4023

1. Article Addressed to:

TANE R POTTER
109 KING JAMES CIR
OXFORD, PA 19363-4223

COMPLETE THIS SECTION ON DELIVERY

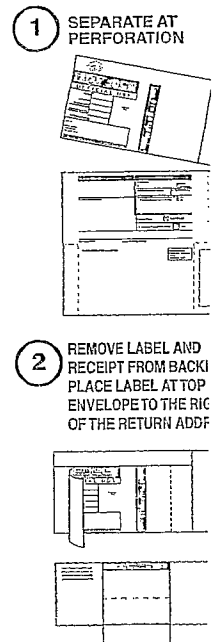
A. Signature Agent
 Addressee

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

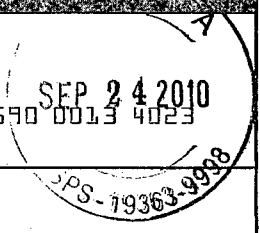


2. Article Number

7110 6605 9590 0013 4023

1. Article Addressed to:

TANE R POTTER
109 KING JAMES CIR
OXFORD, PA 19363-4223



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 #: 2273
 Article #: 71106605959000134023
 Date/Time: 9/14/2010 3:35:39 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
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7110 6605 9590 0013 1107

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

TED E DUFF TRUST
PO BOX 398
RUIDOSO, NM 88345

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1107

TED E DUFF TRUST
 PO BOX 398
 RUIDOSO, NM 88345

Batch #: 2202
 Article #: 71106605959000131107
 Date/Time: 8/31/2010 1:28:43 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 0013 1107

1. Article Addressed to:

TED E DUFF TRUST
 PO BOX 398
 RUIDOSO, NM 88345

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

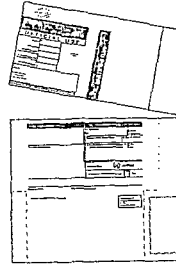
B. Received by (Printed Name) C. Date of Delivery

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

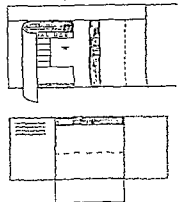
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

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 0013 1107

1. Article Addressed to:

TED E DUFF TRUST
 PO BOX 398
 RUIDOSO, NM 88345

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Ted Duff*

B. Received by (Printed Name) C. Date of Delivery
TED DUFF *9/1/10*

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 #: 2202
 Article #: 71106605959000131107
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
 ← LIFT HERE

Reorder Form LCD-8101/07



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7110 6605 9590 0013 1114

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

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

TEMPE LIMITED PARTNERSHIP
 C/O F E OR M K HARRINGTON
 8081 CLYMER LANE
 INDIANAPOLIS, IN 46250

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1114

TEMPE LIMITED PARTNERSHIP
 C/O F E OR M K HARRINGTON
 8081 CLYMER LANE
 INDIANAPOLIS, IN 46250

Batch #: 2202
 Article #: 71106605959000131114
 Date/Time: 8/31/2010 1:28:43 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 0013 1114

1. Article Addressed to:

TEMPE LIMITED PARTNERSHIP
 C/O F E OR M K HARRINGTON
 8081 CLYMER LANE
 INDIANAPOLIS, IN 46250

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

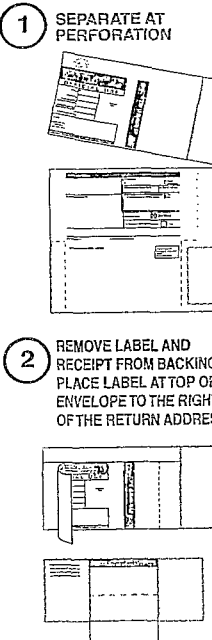
A. Signature Agent Addressee
X

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



Reorder Form LCD-8 Rev. 01/07

2 Article Number

7110 6605 9590 0013 1114

1. Article Addressed to:

TEMPE LIMITED PARTNERSHIP
 C/O F E OR M K HARRINGTON
 8081 CLYMER LANE
 INDIANAPOLIS, IN 46250

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

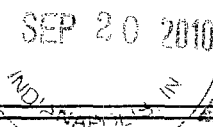
A. Signature Agent Addressee
X Mary Harrington

B. Received by (Printed Name) C. Date of Delivery
M. HARRINGTON 9-20-10

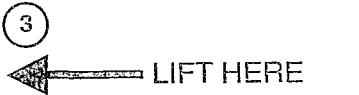
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2202
 Article #: 71106605959000131114
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0013 1121

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
 TERA ELIZABETH SALTER
 1457 W UNIVERSITY DR 74
 MESA, AZ 85201

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1121

TERA ELIZABETH SALTER
 1457 W UNIVERSITY DR 74
 MESA, AZ 85201

Batch #: 2202
 Article #: 71106605959000131121
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-1 rev. 01/07

2: Article Number

7110 6605 9590 0013 1121

1. Article Addressed to:

TERA ELIZABETH SALTER
 1457 W UNIVERSITY DR 74
 MESA, AZ 85201

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

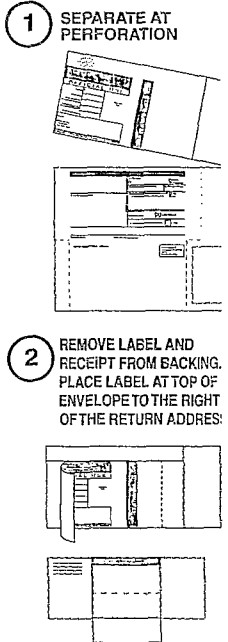
A. Signature Agent Addressee
X

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 0013 1121

1. Article Addressed to:

TERA ELIZABETH SALTER
 1457 W UNIVERSITY DR 74
 MESA, AZ 85201

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Tera Salter*

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

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 #: 2202
 Article #: 71106605959000131121
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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7110 6605 9590 0013 4030

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 **TERESA SLOCUM**
21 RD 5150
 Street, Apt. No.;
 or PO Box No.
 City, State, Zip+4 **BLOOMFIELD, NM 87413**

Form 3800, August 2006 See Reverse for Instructions

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

7110 6605 9590 0013 4030

TERESA SLOCUM
 21 RD 5150

BLOOMFIELD, NM 87413

Batch #: 2273
 Article #: 71106605959000134030
 Date/Time: 9/14/2010 3:35:39 PM
 Code:
 Code 2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 v. 01/07

2. Article Number

7110 6605 9590 0013 4030

1. Article Addressed to:

TERESA SLOCUM
21 RD 5150
BLOOMFIELD, NM 87413

COMPLETE THIS SECTION ON DELIVERY

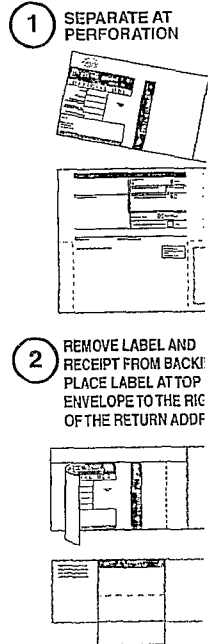
A. Signature Agent
X Addressee

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 4030

1. Article Addressed to:

TERESA SLOCUM
21 RD 5150
BLOOMFIELD, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Teresa Slocum Addressee

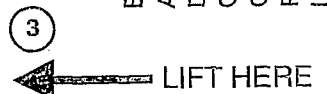
B. Received by (Printed Name) C. Date of Delivery
 9/17/10

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

3. Service Type **Certified**

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2273
 Article #: 71106605959000134030
 Date/Time: 9/14/2010 3:35:39 PM
 Code:
 Code 2:
 File #:
 Internal File #:





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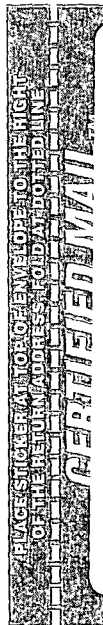
7110 6605 9590 0013 1138

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

TEX ZIA PROPERTIES LTD
PO BOX 261427
PLANO, TX 75026-1427

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1138

TEX ZIA PROPERTIES LTD
 PO BOX 261427
 PLANO, TX 75026-1427

Batch #: 2202
 Article #: 71106605959000131138
 Date/Time: 8/31/2010 1:28:43 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

2. Article Number

7110 6605 9590 0013 1138

1. Article Addressed to:

TEX ZIA PROPERTIES LTD
PO BOX 261427
PLANO, TX 75026-1427

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

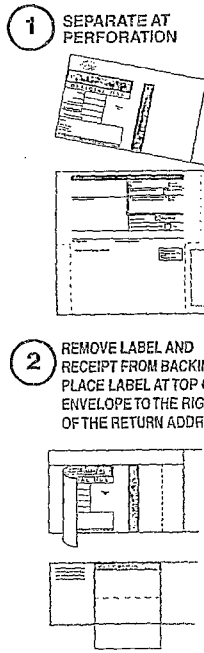
A. Signature Agent Addressee
X

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 0013 1138

1. Article Addressed to:

TEX ZIA PROPERTIES LTD
PO BOX 261427
PLANO, TX 75026-1427

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Sara Montgomerie

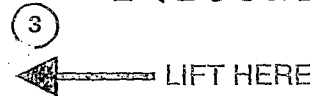
B. Received by (Printed Name) C. Date of Delivery
Sara Montgomerie 9-9-10

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 #: 2202
 Article #: 71106605959000131138
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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

7110 6605 9590 0013 1145

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

TEXAS ROYALTIES
 P O BOX 3579
 MIDLAND, TX 79702

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1145

TEXAS ROYALTIES
 P O BOX 3579
 MIDLAND, TX 79702

Batch #: 2202
 Article #: 71106605959000131145
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

PS Form 3800, August 2008. See Reverse for Instructions

2. Article Number
 7110 6605 9590 0013 1145

1. Article Addressed to:
 TEXAS ROYALTIES
 P O BOX 3579
 MIDLAND, TX 79702

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

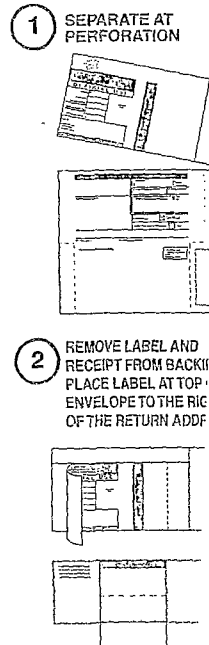
A. Signature Agent
 Addressee

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 0013 1145

1. Article Addressed to:
 TEXAS ROYALTIES
 P O BOX 3579
 MIDLAND, TX 79702

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

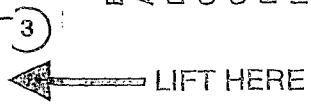
B. Received by (Printed Name) C. Date of Delivery

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 #: 2202
 Article #: 71106605959000131145
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:



Reorder Form LCD-81 01/07



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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For more information visit our Web site at www.usps.com

7110 6605 9590 0013 1152

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

Code: Allocation Project - D.Howell

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

THE DOROTHY T RUTTER TRUST
PO BOX 3186
MIDLAND, TX 79702

Form 3811, August 2006. See Reverse for Instructions

PLACE STICKER ON ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS TO A DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 1152

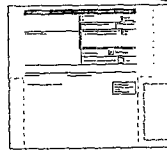
THE DOROTHY T RUTTER TRUST
PO BOX 3186
MIDLAND, TX 79702

Batch #: 2202
Article #: 71106605959000131152
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

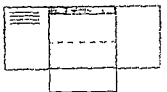
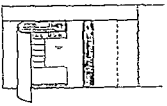
Reorder Form LCD-8 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1152	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
THE DOROTHY T RUTTER TRUST PO BOX 3186 MIDLAND, TX 79702	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

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1152	A. Signature X <i>A.W. Rutter, Jr.</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>A.W. Rutter, Jr.</i> <i>9/2/10</i>
THE DOROTHY T RUTTER TRUST PO BOX 3186 MIDLAND, TX 79702	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 #: 2202
Article #: 71106605959000131152
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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7110 6605 9590 0013 1084

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

T H MCELVAIN OIL AND GAS PROP
ATTN: MR. RICK HARRIS
1050 17TH ST STE 1800
DENVER, CO 80265

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



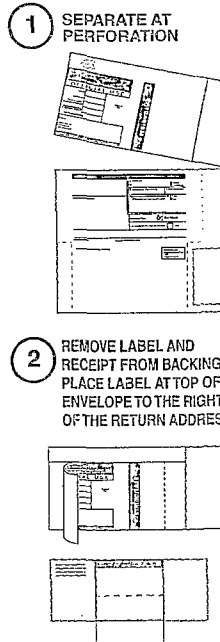
7110 6605 9590 0013 1084

T H MCELVAIN OIL AND GAS PROP
ATTN: MR. RICK HARRIS
1050 17TH ST STE 1800
DENVER, CO 80265

Batch #: 2202
 Article #: 71106605959000131084
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

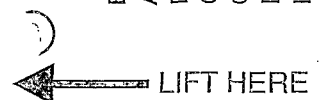
Reorder Form LCD-8 Rev. 01/07

2 Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1084	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
T H MCELVAIN OIL AND GAS PROP ATTN: MR. RICK HARRIS 1050 17TH ST STE 1800 DENVER, CO 80265	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	



2 Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1084	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
T H MCELVAIN OIL AND GAS PROP ATTN: MR. RICK HARRIS 1050 17TH ST STE 1800 DENVER, CO 80265	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 #: 2202
 Article #: 71106605959000131084
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0013 1169

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

THE FASKEN FAMILY LIMITED PARTNERSH
P. O. BOX 5383
DENVER, CO 80217

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1169

THE FASKEN FAMILY LIMITED PARTNERSH
P. O. BOX 5383
DENVER, CO 80217

Batch #: 2202
 Article #: 71106605959000131169
 Date/Time: 8/31/2010 1:28:43 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 0013 1169

1. Article Addressed to:

THE FASKEN FAMILY LIMITED PARTNERSH
P. O. BOX 5383
DENVER, CO 80217

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

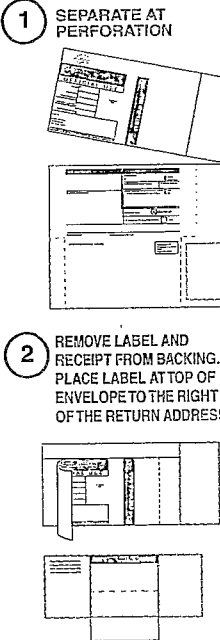
A. Signature Agent
 Addressee

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 0013 1169

1. Article Addressed to:

THE FASKEN FAMILY LIMITED PARTNERSH
P. O. BOX 5383
DENVER, CO 80217

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Matt... 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 #: 2202
 Article #: 71106605959000131169
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0013 1176

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

THE NORDAN TRUST
 112 E. PECAN, SUITE 500
 SAN ANTONIO, TX 78205

Code: Allocation Project - D.Howell

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

7110 6605 9590 0013 1176

THE NORDAN TRUST
 112 E. PECAN, SUITE 500
 SAN ANTONIO, TX 78205

Batch #: 2202
 Article #: 71106605959000131176
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0013 1176

1. Article Addressed to:

THE NORDAN TRUST
 112 E. PECAN, SUITE 500
 SAN ANTONIO, TX 78205

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

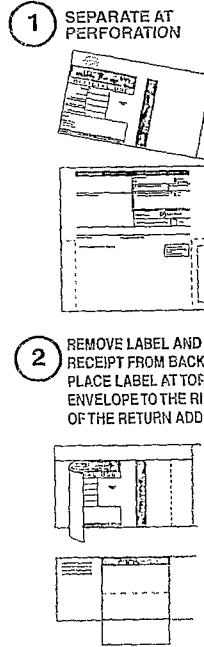
A. Signature Agent
 Addressee

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 0013 1176

1. Article Addressed to:

THE NORDAN TRUST
 112 E. PECAN, SUITE 500
 SAN ANTONIO, TX 78205

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

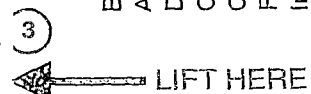
B. Received by (Printed Name) C. Date of Delivery

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 #: 2202
 Article #: 71106605959000131176
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0013 1183

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

sent To
 THE ROBERT A SMITH & PATRICIA L SMI
 3 ROAD 2978
 AZTEC, NM 87410

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1183

THE ROBERT A SMITH & PATRICIA L SMI
 3 ROAD 2978
 AZTEC, NM 87410

Batch #: 2202
 Article #: 71106605959000131183
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Recorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0013 1183

1. Article Addressed to:

THE ROBERT A SMITH & PATRICIA L SMI
 3 ROAD 2978
 AZTEC, NM 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

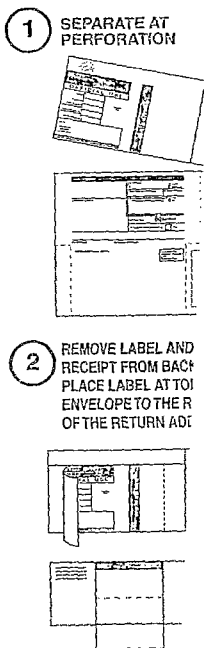
A. Signature Agent Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 1183

1. Article Addressed to:

THE ROBERT A SMITH & PATRICIA L SMI
 3 ROAD 2978
 AZTEC, NM 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

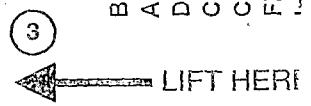
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2202
 Article #: 71106605959000131183
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0013 1190

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

THE VIOLA I STEWART TRUST
P. O. BOX 291245
KERRVILLE, TX 78029-1245

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



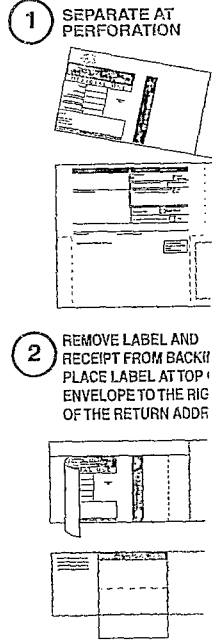
7110 6605 9590 0013 1190

THE VIOLA I STEWART TRUST
P. O. BOX 291245
KERRVILLE, TX 78029-1245

Batch #: 2202
 Article #: 71106605959000131190
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

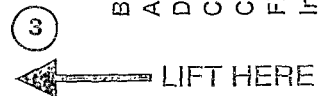
Reorder Form LCD-8 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1190	A. Signature <input type="checkbox"/> Agent X <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
THE VIOLA I STEWART TRUST P. O. BOX 291245 KERRVILLE, TX 78029-1245		
	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	
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1190	A. Signature <input type="checkbox"/> Agent X <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
THE VIOLA I STEWART TRUST P. O. BOX 291245 KERRVILLE, TX 78029-1245	Arcole Govertsen	09/08/10
	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	
Code: Allocation Project - D.Howell		

Batch #: 2202
 Article #: 71106605959000131190
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





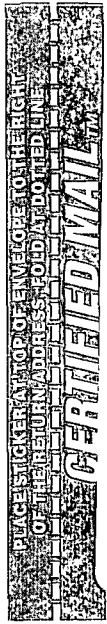
U.S. Postal Service
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(Signature Required, No Insurance Coverage Provided)
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7110 6605 9590 0013 1206

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
THE WRIGHT BROS TRUST
C/O STANLEY M WRIGHT
2157 HWY 130
BENNETT, IA 52721-9801

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1206

THE WRIGHT BROS TRUST
C/O STANLEY M WRIGHT
2157 HWY 130
BENNETT, IA 52721-9801

Batch #: 2202
 Article #: 71106605959000131206
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD- rev. 01/07

2 Article Number

7110 6605 9590 0013 1206

1. Article Addressed to:

THE WRIGHT BROS TRUST
C/O STANLEY M WRIGHT
2157 HWY 130
BENNETT, IA 52721-9801

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

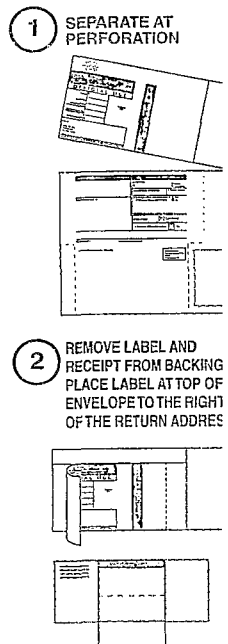
B. Received by (Printed Name) C. Date of Delivery

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

Code: Allocation Project - D.Howell



2 Article Number

7110 6605 9590 0013 1206

1. Article Addressed to:

THE WRIGHT BROS TRUST
C/O STANLEY M WRIGHT
2157 HWY 130
BENNETT, IA 52721-9801

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Stanley M Wright

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

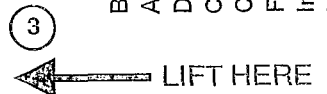
D. Is delivery address different from item 1? Yes No
 If YES enter delivery address below: _____

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

Batch #: 2202
 Article #: 71106605959000131206
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0013 1213

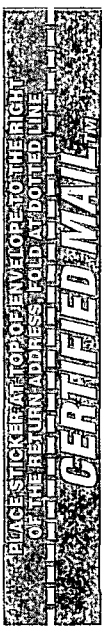
Postage	\$		Postmark Here
Certified Fee	\$	1.05	
Return Receipt Fee (endorsement Required)	\$	2.80	
Restricted Delivery Fee (endorsement Required)	\$	2.30	
Total Postage & Fees	\$	6.15	

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

THELMA DEMOTT
501 E PHELPS APT B4
HOPKINS, MO 64461

Form 3811, August 2006. See Reverse for Instructions.

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1213

THELMA DEMOTT
 501 E PHELPS APT B4
 HOPKINS, MO 64461

Batch #: 2202
 Article #: 71106605959000131213
 Date/Time: 8/31/2010 1:28:44 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 0013 1213

1. Article Addressed to:

THELMA DEMOTT
501 E PHELPS APT B4
HOPKINS, MO 64461

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

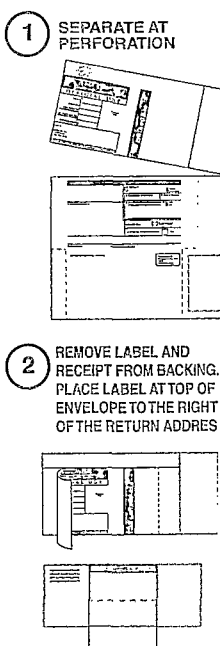
A. Signature
X Agent
 Addressee

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 0013 1213

1. Article Addressed to:

THELMA DEMOTT
501 E PHELPS APT B4
HOPKINS, MO 64461

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Thelma Demott Agent
 Addressee

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

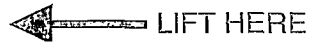
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

3

Batch #: 2202
 Article #: 71106605959000131213
 Date/Time: 8/31/2010 1:28:44 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)

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

THELMA GRAHAM FAMILY LIMITED PARTNE
7111 E 82 STREET
TULSA, OK 74133

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOUNDATION ONE
CERTIFIED MAIL

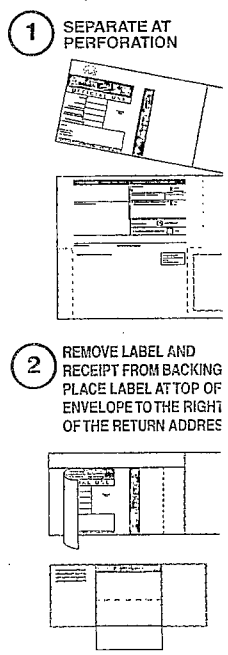
7110 6605 9590 0013 1220

THELMA GRAHAM FAMILY LIMITED PARTNE
7111 E 82 STREET
TULSA, OK 74133

Batch #: 2202
 Article #: 71106605959000131220
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

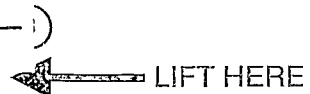
Reorder Form LCD-01/07

2 Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1220	A. Signature <input 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	
THELMA GRAHAM FAMILY LIMITED PARTNE 7111 E 82 STREET TULSA, OK 74133	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2 Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1220	A. Signature <input 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	
THELMA GRAHAM FAMILY LIMITED PARTNE 7111 E 82 STREET TULSA, OK 74133	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2202
 Article #: 71106605959000131220
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





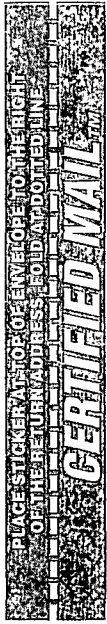
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(The Mail Only, No Insurance Coverage Provided)

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
 Theodore J BLECHAR TRUST
 6669 BARNABY ST NW
 WASHINGTON, DC 20015

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1237

THEODORE J BLECHAR TRUST
 6669 BARNABY ST NW
 WASHINGTON, DC 20015

Batch #: 2202
 Article #: 71106605959000131237
 Date/Time: 8/31/2010 1:28:44 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 0013 1237

1. Article Addressed to:
 THEODORE J BLECHAR TRUST
 6669 BARNABY ST NW
 WASHINGTON, DC 20015

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

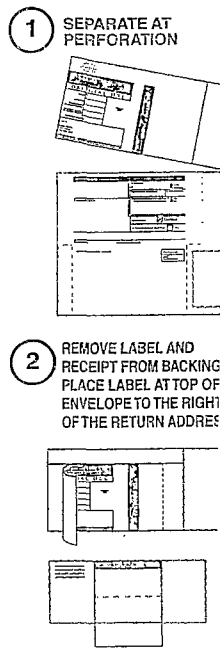
A. Signature Agent Addressee
X

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 0013 1237

1. Article Addressed to:
 THEODORE J BLECHAR TRUST
 6669 BARNABY ST NW
 WASHINGTON, DC 20015

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

Batch #: 2202
 Article #: 71106605959000131237
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

Postage	7110 6605 9590 0013 3170	Postmark Here
Certified Fee	\$0.44	
Return Receipt Fee (Endorsement Required)	\$2.80	
Restricted Delivery Fee (Endorsement Required)	\$2.30	
Total Postage & Fees	\$5.54	

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

THOMAS AHO TR
 1391 SMT CHASE DR
 SNELLVILLE, GA 30078-3520

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

7110 6605 9590 0013 3170

THOMAS AHO TR
 1391 SMT CHASE DR
 SNELLVILLE, GA 30078-3520

Batch #: 2269
 Article #: 71106605959000133170
 Date/Time: 9/14/2010 2:59:27 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3170

1. Article Addressed to:

THOMAS AHO TR
 1391 SMT CHASE DR
 SNELLVILLE, GA 30078-3520

COMPLETE THIS SECTION ON DELIVERY

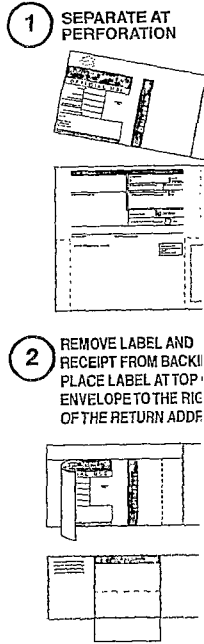
A. Signature
 X Agent
 Addressee

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 0013 3170

1. Article Addressed to:

THOMAS AHO TR
 1391 SMT CHASE DR
 SNELLVILLE, GA 30078-3520

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Barbara Tho* Agent
 Addressee

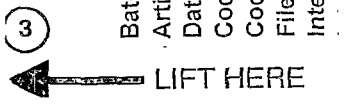
B. Received by (Printed Name) C. Date of Delivery
Barbara Tho 9/10/10

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 #: 71106605959000133170
 Date/Time: 9/14/2010 2:59:27 PM
 Code:
 Code2:
 File #:
 Internal File #:





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

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

THOMAS B. CATRON, III AND JUNE
 U/A DECEMBER 1, 1996
 PO BOX 788
 SANTA FE, NM 87504-0788

Code: Allocation Project - D.Howell

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

7110 6605 9590 0013 1244

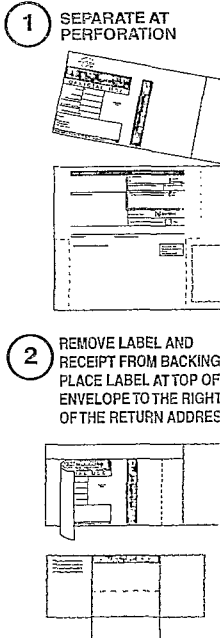
THOMAS B. CATRON, III AND JUNE
 U/A DECEMBER 1, 1996
 PO BOX 788
 SANTA FE, NM 87504-0788

Batch #: 2202
 Article #: 71106605959000131244
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3811, August 2009. See Reverse for Instructions.

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1244	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: THOMAS B. CATRON, III AND JUNE U/A DECEMBER 1, 1996 PO BOX 788 SANTA FE, NM 87504-0788	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	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1244	A. Signature X <i>John Catron</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: THOMAS B. CATRON, III AND JUNE U/A DECEMBER 1, 1996 PO BOX 788 SANTA FE, NM 87504-0788	B. Received by (Printed Name) <i>JOHN CATRON</i>	C. Date of Delivery <i>9/14/10</i>
	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 #: 2202
 Article #: 71106605959000131244
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(No Insurance Coverage Provided)
 www.usps.com

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 **THOMAS D CITRANGOLA & PO BOX 5720 SPRING HILL, FL 34609**

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

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1251

THOMAS D CITRANGOLA &
 PO BOX 5720
 SPRING HILL, FL 34609

Batch #: 2202
 Article #: 71106605959000131251
 Date/Time: 8/31/2010 1:28:44 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 0013 1251

1. Article Addressed to:

THOMAS D CITRANGOLA & PO BOX 5720 SPRING HILL, FL 34609

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

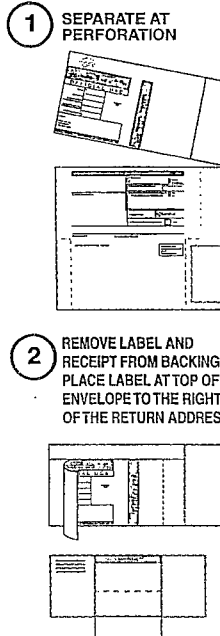
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Reorder Form LCD-8 v. 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
 SJBUConocoPhillips
 P.O. Box 4289
 Farmington, NM 87499

3
 LIFT HERE

Batch #: 2202
 Article #: 71106605959000131251
 Date/Time: 8/31/2010 1:28:44 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)

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 **THOMAS E DUNNAM III**
14618 REIGH COUNT
SAN ANTONIO, TX 78248-1139

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

Code: Allocation Project - D.Howell

PLEASE STICKER TAPE TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS (DO NOT DOT-DASH LINE)
CERTIFIED MAIL™

7110 6605 9590 0013 1268

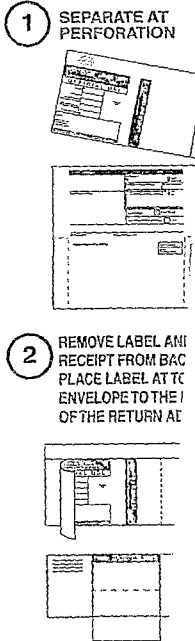
THOMAS E DUNNAM III
14618 REIGH COUNT
SAN ANTONIO, TX 78248-1139

Batch #: 2202
 Article #: 71106605959000131268
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

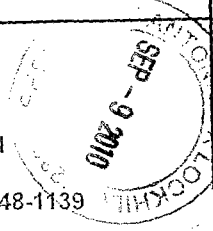
Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD-811 01/07

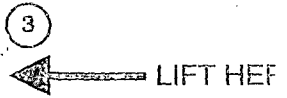
2: Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1268	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
THOMAS E DUNNAM III 14618 REIGH COUNT SAN ANTONIO, TX 78248-1139	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2: Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1268	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
THOMAS E DUNNAM III 14618 REIGH COUNT SAN ANTONIO, TX 78248-1139	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No <i>TED DUNNAM III 14618 Reigh Count San Antonio TX 78248</i>	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



Batch #: 2202
 Article #: 71106605959000131268
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





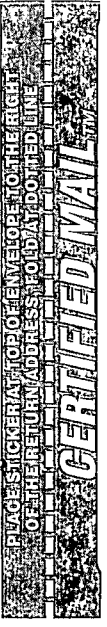
U.S. Postal Service
CERTIFIED MAIL RECEIPT
with Mail Only, No Insurance Coverage Provided
 For information visit our website at www.usps.com

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 **THOMAS F MCKENNA SR CREDIT SHELTER**
1200 EUBANK AVE
ALBUQUERQUE, NM 87112

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

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1275

THOMAS F MCKENNA SR CREDIT SHELTER
 1200 EUBANK AVE
 ALBUQUERQUE, NM 87112

Batch #: 2202
 Article #: 71106605959000131275
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD- rev. 01/07

2. Article Number

7110 6605 9590 0013 1275

1. Article Addressed to:

THOMAS F MCKENNA SR CREDIT SHELTER
 1200 EUBANK AVE
 ALBUQUERQUE, NM 87112

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

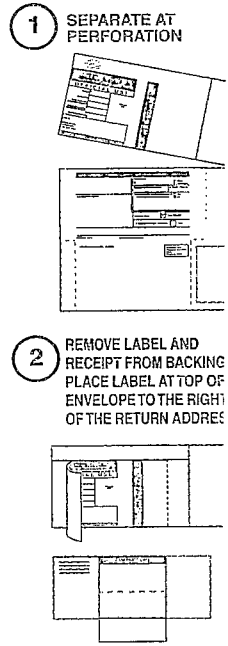
A. Signature Agent
X Addressee

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 0013 1275

1. Article Addressed to:

THOMAS F MCKENNA SR CREDIT SHELTER
 1200 EUBANK AVE
 ALBUQUERQUE, NM 87112

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

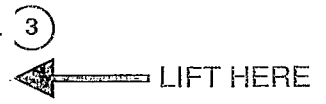
A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery
C. Walker 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 #: 2202
 Article #: 71106605959000131275
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0013 1282

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

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1282

THOMAS KEVIN PRESTON
 6802 RAYNOR WAY
 SUGAR LAND, TX 77479

Send To
 THOMAS KEVIN PRESTON
 6802 RAYNOR WAY
 SUGAR LAND, TX 77479

Form 3800, August 2006 See Reverse for Instructions

Batch #: 2202
 Article #: 71106605959000131282
 Date/Time: 8/31/2010 1:28:44 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 0013 1282

1. Article Addressed to:

THOMAS KEVIN PRESTON
 6802 RAYNOR WAY
 SUGAR LAND, TX 77479

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

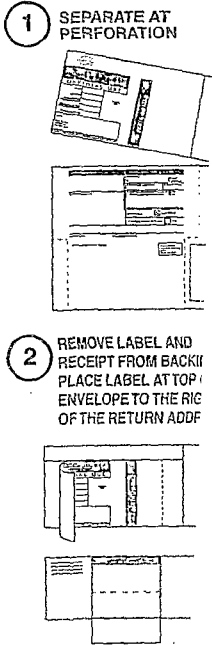
A. Signature Agent
X Addressee

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 0013 1282

1. Article Addressed to:

THOMAS KEVIN PRESTON
 6802 RAYNOR WAY
 SUGAR LAND, TX 77479

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Leslie Preston* Addressee

B. Received by (Printed Name) C. Date of Delivery
Leslie Preston 9/16/10

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 #: 2202
 Article #: 71106605959000131282
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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 0013 1299

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

THOMAS P TINNIN
PO BOX 1885
ALBUQUERQUE, NM 87103

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1299

THOMAS P TINNIN
PO BOX 1885
ALBUQUERQUE, NM 87103

Batch #: 2202
 Article #: 71106605959000131299
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number

7110 6605 9590 0013 1299

1. Article Addressed to:

THOMAS P TINNIN
PO BOX 1885
ALBUQUERQUE, NM 87103

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

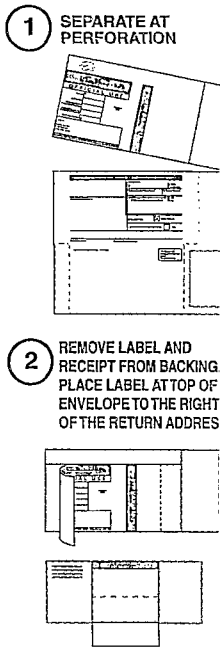
PS Form 3811 Domestic Return Receipt

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 #: 2202
 Article #: 71106605959000131299
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



3
 LIFT HERE

Reorder Form LCD-Rev. 01/07



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

7110 6605 9590 0013 1305

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

THOMAS POLLOCK
3931 WHITEFISH BAY ROAD
STURGEON BAY, WI 54235-9575

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1305

THOMAS POLLOCK
3931 WHITEFISH BAY ROAD
STURGEON BAY, WI 54235-9575

Batch #: 2202
 Article #: 71106605959000131305
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

PS Form 3800, August 2005 See Reverse for Instructions

Reorder Form LCD-01/07

2 Article Number

7110 6605 9590 0013 1305

1. Article Addressed to:

THOMAS POLLOCK
3931 WHITEFISH BAY ROAD
STURGEON BAY, WI 54235-9575

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

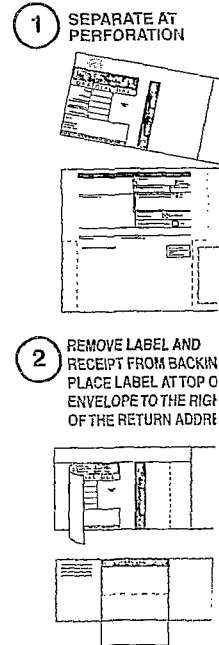
A. Signature Agent Addressee
X

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 0013 1305

1. Article Addressed to:

THOMAS POLLOCK
3931 WHITEFISH BAY ROAD
STURGEON BAY, WI 54235-9575

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Gintzma

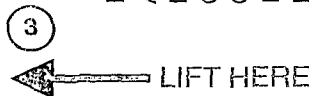
B. Received by (Printed Name) C. Date of Delivery
 9-7-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2202
 Article #: 71106605959000131305
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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

ConocoPhillips

7110 6605 9590 0013 1312

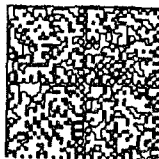
THOMAS R DUFFIN
1508 ADAMS



REASON CHECKED

- Moved, Left No Address/Unable To Forward
- Attempted - Not Known
- Unclaimed Refused
- No Such Street No Such Number
- Insufficient Address

CB



02 1R
0006557
MAILED F1



2nd 9-15
RT



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

7110 6605 9590 0013 1329

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

THOMAS W ISHAM
3101 W CHESTNUT AVE
YAKIMA, WA 98902

Form 3800, August 2006. See reverse for instructions.

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1329

THOMAS W ISHAM
3101 W CHESTNUT AVE
YAKIMA, WA 98902

Batch #: 2202
 Article #: 71106605959000131329
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0013 1329

1. Article Addressed to:

THOMAS W ISHAM
3101 W CHESTNUT AVE
YAKIMA, WA 98902

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

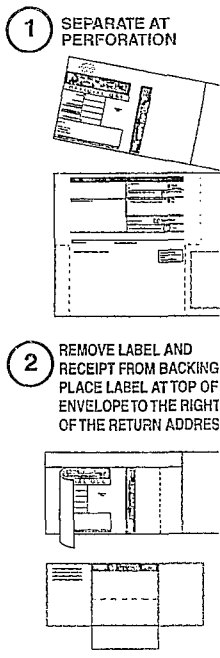
A. Signature Agent
X Addressee

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 0013 1329

1. Article Addressed to:

THOMAS W ISHAM
3101 W CHESTNUT AVE
YAKIMA, WA 98902

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

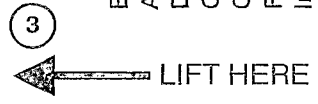
B. Received by (Printed Name) C. Date of Delivery

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 #: 2202
 Article #: 71106605959000131329
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0013 1336

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

Postmark
Here

sent To

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

THOMAS W MANDRY
5843 49TH ST
LUBBOCK, TX 79424

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1336

THOMAS W MANDRY
5843 49TH ST
LUBBOCK, TX 79424

Batch #: 2202
 Article #: 71106605959000131336
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

PS Form 3811, August 2008 See Reverse for Instructions

2. Article Number

7110 6605 9590 0013 1336

1. Article Addressed to:

THOMAS W MANDRY
5843 49TH ST
LUBBOCK, TX 79424

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

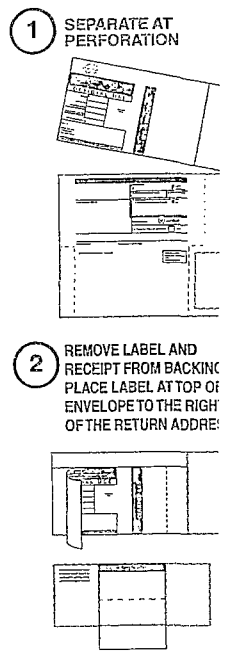
A. Signature Agent
X Addressee

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- rev. 01/07

2. Article Number

7110 6605 9590 0013 1336

1. Article Addressed to:

THOMAS W MANDRY
5843 49TH ST
LUBBOCK, TX 79424

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

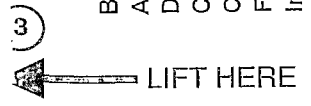
B. Received by (Printed Name) C. Date of Delivery

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 #: 2202
 Article #: 71106605959000131336
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Return Receipt, No Insurance Coverage Provided)

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
 THOMPSON FAMILY LLC
 1370 TESUQUE CREEK RD
 SANTA FE, NM 87501

Postmark Here

Code: Allocation Project - D.Howell



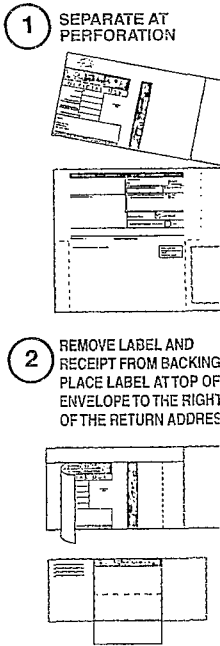
7110 6605 9590 0013 1343

THOMPSON FAMILY LLC
 1370 TESUQUE CREEK RD
 SANTA FE, NM 87501

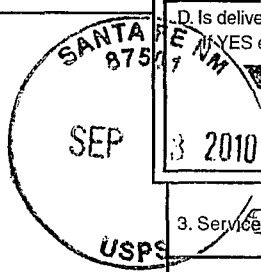
Batch #: 2202
 Article #: 71106605959000131343
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1343	A. Signature X <input type="checkbox"/> Agent <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	
THOMPSON FAMILY LLC 1370 TESUQUE CREEK RD SANTA FE, NM 87501	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1343	A. Signature X <i>Sherry Thompson</i> <input 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	
THOMPSON FAMILY LLC 1370 TESUQUE CREEK RD SANTA FE, NM 87501	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



Batch #: 2202
 Article #: 71106605959000131343
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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 7110 6605 9590 0013 1350

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
 TIERRA POBRE LLC
 PO BOX 1847
 CORRALES, NM 87048

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 0013 1350

TIERRA POBRE LLC
 PO BOX 1847
 CORRALES, NM 87048

Batch #: 2202
 Article #: 71106605959000131350
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-01/07

2. Article Number
 7110 6605 9590 0013 1350

1. Article Addressed to:
 TIERRA POBRE LLC
 PO BOX 1847
 CORRALES, NM 87048

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

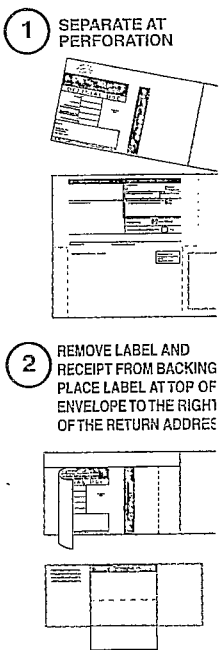
A. Signature Agent Addressee
X

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 0013 1350

1. Article Addressed to:
 TIERRA POBRE LLC
 PO BOX 1847
 CORRALES, NM 87048

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery
 JAMES V HARRIS 9-9-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2202
 Article #: 71106605959000131350
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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 7110 6605 9590 0013 1367

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 **TIM B. ALLISON**
1401 CHACO
GRANTS, NM 87020

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

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1367

TIM B. ALLISON
 1401 CHACO
 GRANTS, NM 87020

Batch #: 2202
 Article #: 71106605959000131367
 Date/Time: 8/31/2010 1:28:45 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 0013 1367

1. Article Addressed to:

TIM B. ALLISON
 1401 CHACO
 GRANTS, NM 87020

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

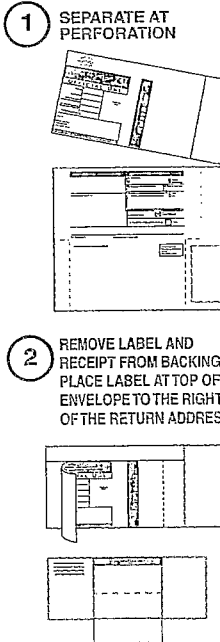
A. Signature Agent
X Addressee

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 0013 1367

1. Article Addressed to:

TIM B. ALLISON
 1401 CHACO
 GRANTS, NM 87020

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2202
 Article #: 71106605959000131367
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0013 1374

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 **TIMOTHY COBURN**
2060 CAMINO A LOS CERROS
MENLO PARK, CA 94025

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 0013 1374

TIMOTHY COBURN
2060 CAMINO A LOS CERROS
MENLO PARK, CA 94025

Batch #: 2202
 Article #: 71106605959000131374
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-Rev. 01/07

2. Article Number

7110 6605 9590 0013 1374

1. Article Addressed to:

TIMOTHY COBURN
2060 CAMINO A LOS CERROS
MENLO PARK, CA 94025

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

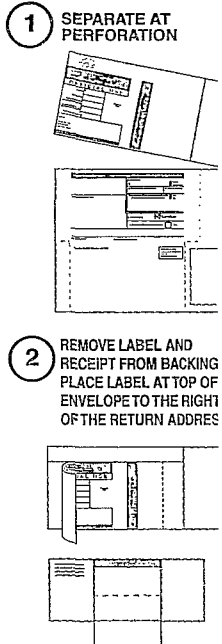
A. Signature Agent
X Addressee

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



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 #: 2202
 Article #: 71106605959000131374
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
 LIFT HERE



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 7110 6605 9590 0013 1381

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
 Timothy Winston Ward
 3856 Kelly Blvd
 Carrollton, TX 75007

Form 3811, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1381

TIMOTHY WINSTON WARD
 3856 KELLY BLVD
 CARROLLTON, TX 75007

Batch #: 2202
 Article #: 71106605959000131381
 Date/Time: 8/31/2010 1:28:45 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 0013 1381

1. Article Addressed to:
 TIMOTHY WINSTON WARD
 3856 KELLY BLVD
 CARROLLTON, TX 75007

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

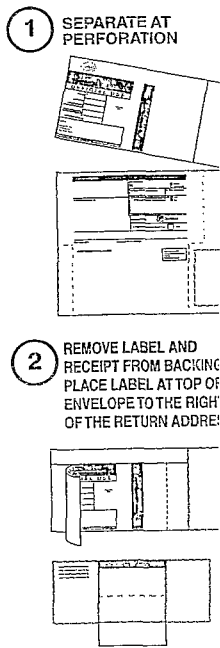
A. Signature Agent
X Addressee

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 0013 1381

1. Article Addressed to:
 TIMOTHY WINSTON WARD
 3856 KELLY BLVD
 CARROLLTON, TX 75007

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

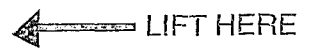
B. Received by (Printed Name) C. Date of Delivery

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 #: 2202
 Article #: 71106605959000131381
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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 71110 6605 9590 0013 1398

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: **TINA GILES**
 16794 US HWY 550
 AZTEC, NM 87410

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



71110 6605 9590 0013 1398

TINA GILES
 16794 US HWY 550
 AZTEC, NM 87410

Batch #: 2202
 Article #: 71106605959000131398
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

71110 6605 9590 0013 1398

1. Article Addressed to:

TINA GILES
 16794 US HWY 550
 AZTEC, NM 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

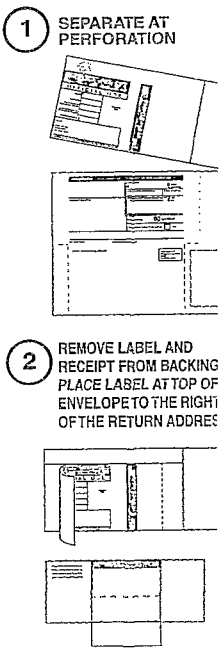
A. Signature Agent Addressee
X

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

71110 6605 9590 0013 1398

1. Article Addressed to:

TINA GILES
 16794 US HWY 550
 AZTEC, NM 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Tina Giles

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

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 #: 2202
 Article #: 71106605959000131398
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



U.S. Postal Service
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7110 6605 9590 0013 3712

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

Delivered To: **TINA GOMEZ**
PO BOX 5796
PAGOSA SPRINGS, CO 81147

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 3712

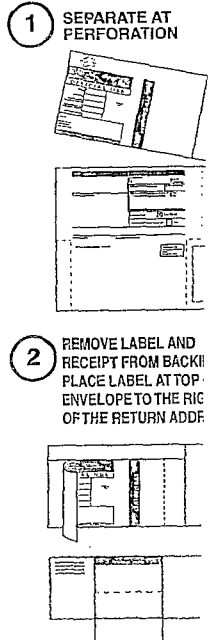
TINA GOMEZ
 PO BOX 5796

PAGOSA SPRINGS, CO 81147

Batch #: 2272
 Article #: 71106605959000133712
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3712	A. Signature <input type="checkbox"/> Agent X <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
TINA GOMEZ PO BOX 5796 PAGOSA SPRINGS, CO 81147		
	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	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3712	A. Signature <input type="checkbox"/> Agent X <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
TINA GOMEZ PO BOX 5796 PAGOSA SPRINGS, CO 81147	MAST PONT	9/24/10
	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 #: 2272
 Article #: 71106605959000133712
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:



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 For more information, visit our website at www.usps.com

Postage	7110 6605 9590 0013 3187	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	

Postage \$5.54
 Sent To
TINA HERBERT
 Street, Apt. No.;
 or PO Box No.
 City, State, Zip+4
LAS VEGAS, NV 89107

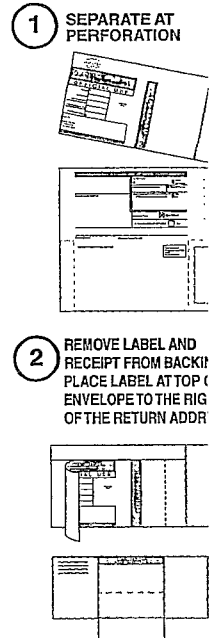
PS Form 3800, August 2006 See Reverse for Instructions

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

7110 6605 9590 0013 3187
 TINA HERBERT
 331 MISTY ISLE LN UT C
 LAS VEGAS, NV 89107

Batch #: 2269
 Article #: 71106605959000133187
 Date/Time: 9/14/2010 2:59:27 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2 Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3187	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
1. Article Addressed to: TINA HERBERT 331 MISTY ISLE LN UT C LAS VEGAS, NV 89107	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



PS Form 3811

Domestic Return Receipt

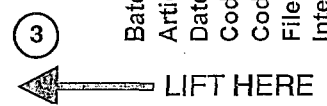
UNITED STATES POSTAL SERVICE



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

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

Batch #: 2269
 Article #: 71106605959000133187
 Date/Time: 9/14/2010 2:59:27 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:



Reorder Form LCD-11 rev. 01/07



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 7110 6605 9590 0013 1404

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
 TINMIL A NM LLC
 C/O TINNIN LAW FIRM
 500 MARQUETTE NW STE 1300
 ALBUQUERQUE, NM 87102

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

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1404

TINMIL A NM LLC
 C/O TINNIN LAW FIRM
 500 MARQUETTE NW STE 1300
 ALBUQUERQUE, NM 87102

Batch #: 2202
 Article #: 71106605959000131404
 Date/Time: 8/31/2010 1:28:45 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 0013 1404

1. Article Addressed to:
 TINMIL A NM LLC
 C/O TINNIN LAW FIRM
 500 MARQUETTE NW STE 1300
 ALBUQUERQUE, NM 87102

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

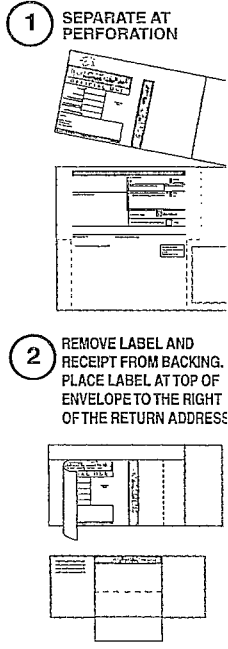
A. Signature Agent
 Addressee

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

PS Form 3811

Domestic Return Receipt

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 USPS
 Permit No. G-10

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

Batch #: 2202
 Article #: 71106605959000131404
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





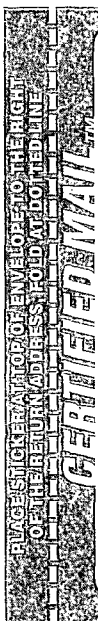
U.S. Postal Service
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 For more information, visit our website at www.usps.com
 7110 6605 9590 0013 1411

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 **TOM D PATTERSON TRUSTEE OF THE**
6908 PRESTONSHIRE LANE
DALLAS, TX 75225

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

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1411

TOM D PATTERSON TRUSTEE OF THE
6908 PRESTONSHIRE LANE
DALLAS, TX 75225

Batch #: 2202
 Article #: 71106605959000131411
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

PS Form 3800, August 2006 See Reverse for Instructions

2. Article Number

7110 6605 9590 0013 1411

1. Article Addressed to:

TOM D PATTERSON TRUSTEE OF THE
6908 PRESTONSHIRE LANE
DALLAS, TX 75225

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

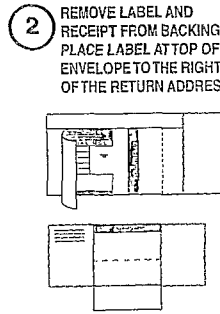
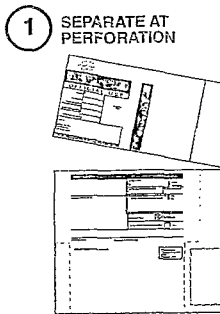
A. Signature Agent Addressee
X

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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1411

1. Article Addressed to:

TOM D PATTERSON TRUSTEE OF THE
6908 PRESTONSHIRE LANE
DALLAS, TX 75225

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Tom Patterson*

B. Received by (Printed Name) C. Date of Delivery
TOM PATTERSON 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 #: 2202
 Article #: 71106605959000131411
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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 7110 6605 9590 0013 1428

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 **TOM K MARTELLA**
 16754 W 75TH PL
 ARVADA, CO 80007

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1428

TOM K MARTELLA
 16754 W 75TH PL
 ARVADA, CO 80007

Batch #: 2202
 Article #: 71106605959000131428
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-01/07

2. Article Number
 7110 6605 9590 0013 1428

1. Article Addressed to:
 TOM K MARTELLA
 16754 W 75TH PL
 ARVADA, CO 80007

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

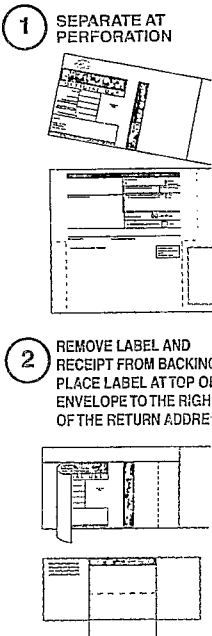
A. Signature Agent Addressee
X

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 0013 1428

1. Article Addressed to:
 TOM K MARTELLA
 16754 W 75TH PL
 ARVADA, CO 80007

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Tom Martella*

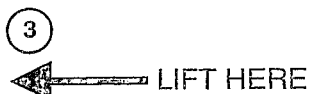
B. Received by (Printed Name) C. Date of Delivery
Tom Martella 9-4-2010

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 #: 2202
 Article #: 71106605959000131428
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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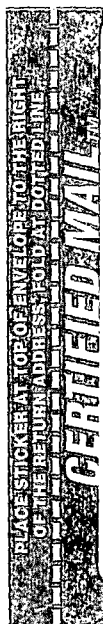
7110 6605 9590 0013 1435

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
TOMMY BOLACK
3901 BLOOMFIELD HWY
FARMINGTON, NM 87401

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1435

TOMMY BOLACK
3901 BLOOMFIELD HWY
FARMINGTON, NM 87401

Batch #: 2202
 Article #: 71106605959000131435
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

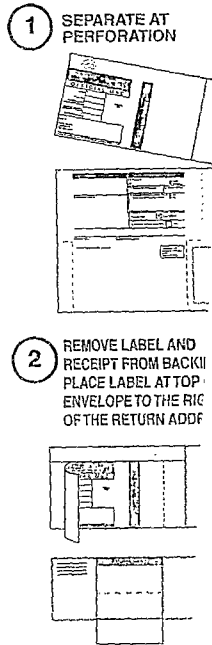
Reorder Form LCD-811 (Rev. 8/1/07)

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1435	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
TOMMY BOLACK 3901 BLOOMFIELD HWY FARMINGTON, NM 87401	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811 Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1435	A. Signature <input type="checkbox"/> Agent X <i>Becky Morris</i> <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Becky Morris</i>
TOMMY BOLACK 3901 BLOOMFIELD HWY FARMINGTON, NM 87401	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811 Domestic Return Receipt



Batch #: 2202
 Article #: 71106605959000131435
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:

3
 ← LIFT HERE



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 7110 6605 9590 0013 1442

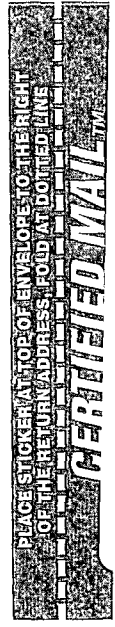
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

TONI THOMAS
401 W JEFFERSON
SHERIDAN, MO 64486

PS Form 3810, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1442

TONI THOMAS
401 W JEFFERSON
SHERIDAN, MO 64486

Batch #: 2202
 Article #: 71106605959000131442
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0013 1442

1. Article Addressed to:

TONI THOMAS
401 W JEFFERSON
SHERIDAN, MO 64486

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

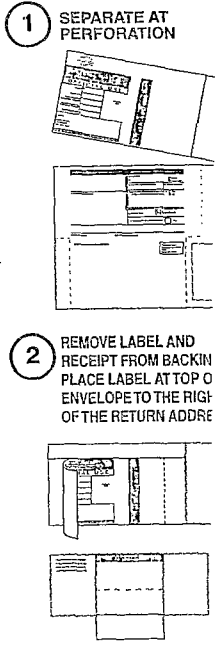
A. Signature Agent
X Addressee

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 0013 1442

1. Article Addressed to:

TONI THOMAS
401 W JEFFERSON
SHERIDAN, MO 64486

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A: Signature Agent
X Addressee

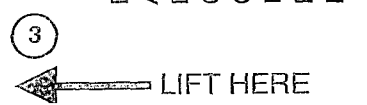
B. Received by (Printed Name) C. Date of Delivery
 Toni Thomas 9-7-10

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 #: 2202
 Article #: 71106605959000131442
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0013 1459

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 **TRIGG OIL & GAS LIMITED PARTNERSHIP**
PO BOX 520
ROSWELL, NM 88201

Form 3800, August 2006, PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



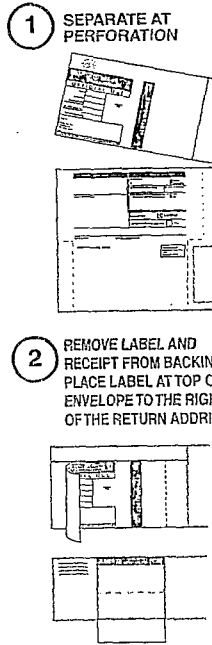
7110 6605 9590 0013 1459

TRIGG OIL & GAS LIMITED PARTNERSHIP
PO BOX 520
ROSWELL, NM 88201

Batch #: 2202
 Article #: 71106605959000131459
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1459	A. Signature <input checked="" type="checkbox"/> Agent X <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
TRIGG OIL & GAS LIMITED PARTNERSHIP PO BOX 520 ROSWELL, NM 88201	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1459	A. Signature <input checked="" type="checkbox"/> Agent <i>[Signature]</i> <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
TRIGG OIL & GAS LIMITED PARTNERSHIP PO BOX 520 ROSWELL, NM 88201	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 #: 2202
 Article #: 71106605959000131459
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0013 1466

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

sent To
TRIGG OIL LLC
4 MAIZE TR
PLACITAS, NM 87043

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 0013 1466

TRIGG OIL LLC
4 MAIZE TR
PLACITAS, NM 87043

Batch #: 2202
Article #: 71106605959000131466
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 1466

1. Article Addressed to:

TRIGG OIL LLC
4 MAIZE TR
PLACITAS, NM 87043

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

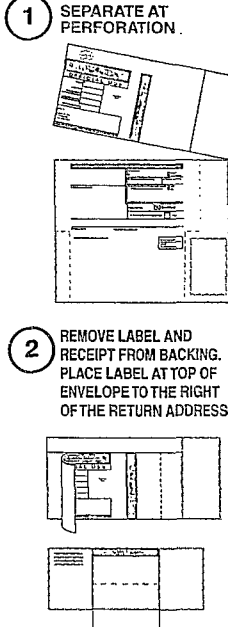
A. Signature Agent
 Addressee

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



PS Form 3811

Domestic Return Receipt

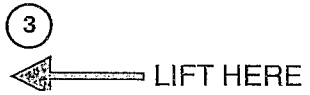
UNITED STATES POSTAL SERVICE



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USPS
Permit No. G-10

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

Batch #: 2202
Article #: 71106605959000131466
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0013 1473	
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

Code: Allocation Project - D.Howell

Send To
 TRISTAR GAS MARKETING COMPANY
 8150 N CENTRAL EXPRESSWAY
 DALLAS, TX 75206

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

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

7110 6605 9590 0013 1473

TRISTAR GAS MARKETING COMPANY
 8150 N CENTRAL EXPRESSWAY
 DALLAS, TX 75206

Batch #: 2202
 Article #: 71106605959000131473
 Date/Time: 8/31/2010 1:28:46 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800, August 2006, PSN 7530-01-000-9000 See Reverse for Instructions

2. Article Number

7110 6605 9590 0013 1473

1. Article Addressed to:

TRISTAR GAS MARKETING COMPANY
 8150 N CENTRAL EXPRESSWAY
 DALLAS, TX 75206

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

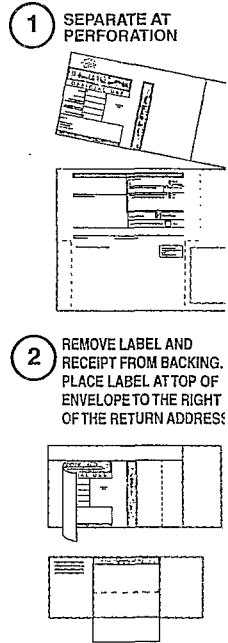
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

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 USPS
 Permit No. G-10

Reorder Form LCD-001 Rev. 01/07

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

Batch #: 2202
 Article #: 71106605959000131473
 Date/Time: 8/31/2010 1:28:46 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
 LIFT HERE



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7110 6605 9590 0013 1480

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

TROUT LIMITED PARTNERSHIP
7500 S HWY 83
SCOTT CITY, KS 67871

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1480

TROUT LIMITED PARTNERSHIP
7500 S HWY 83
SCOTT CITY, KS 67871

Batch #: 2202
 Article #: 71106605959000131480
 Date/Time: 8/31/2010 1:28:46 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 0013 1480

1. Article Addressed to:

TROUT LIMITED PARTNERSHIP
7500 S HWY 83
SCOTT CITY, KS 67871

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

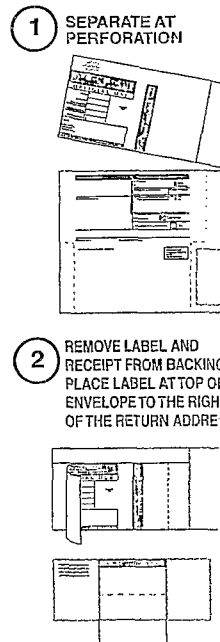
A. Signature Agent
 Addressee

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-810107

PS Form 3811

2. Article Number

7110 6605 9590 0013 1480

1. Article Addressed to:

TROUT LIMITED PARTNERSHIP
7500 S HWY 83
SCOTT CITY, KS 67871

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Melba Trout

B. Received by (Printed Name) C. Date of Delivery
Melba Trout *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 #: 2202
 Article #: 71106605959000131480
 Date/Time: 8/31/2010 1:28:46 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

For delivery information, visit our website at www.usps.com
7110 6605 9590 0013 1497

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

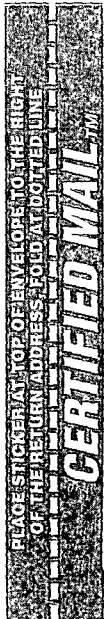
Postmark Here

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

TRUST UW SUE C BERGERE
PO BOX 788
SANTA FE, NM 87501

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1497

TRUST UW SUE C BERGERE
PO BOX 788
SANTA FE, NM 87501

Batch #: 2202
 Article #: 71106605959000131497
 Date/Time: 8/31/2010 1:28:46 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8111 01/07

2. Article Number

7110 6605 9590 0013 1497

1. Article Addressed to:

TRUST UW SUE C BERGERE
PO BOX 788
SANTA FE, NM 87501

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

1 SEPARATE AT PERFORATION

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

2. Article Number

7110 6605 9590 0013 1497

1. Article Addressed to:

TRUST UW SUE C BERGERE
PO BOX 788
SANTA FE, NM 87501

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

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

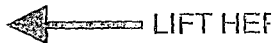
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

3

Batch #: 2202
 Article #: 71106605959000131497
 Date/Time: 8/31/2010 1:28:46 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:





U.S. Postal Service
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(No Insurance, No Insurance Coverage Provided)
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7110 6605 9590 0013 1503

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

TRUST UWO VIRGINIE ISHAM FBO HENRY
 2510 S SAINT PAUL ST
 DENVER, CO 80210-6219

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1503

TRUST UWO VIRGINIE ISHAM FBO HENRY
2510 S SAINT PAUL ST
DENVER, CO 80210-6219

Batch #: 2202
 Article #: 71106605959000131503
 Date/Time: 8/31/2010 1:28:46 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

PS Form 3800, August 2006 See Reverse for Instructions

2. Article Number

7110 6605 9590 0013 1503

1. Article Addressed to:

TRUST UWO VIRGINIE ISHAM FBO HENRY
 2510 S SAINT PAUL ST
 DENVER, CO 80210-6219

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

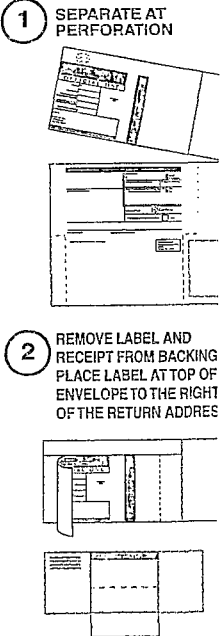
A. Signature Agent
 Addressee

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 01/07

2. Article Number

7110 6605 9590 0013 1503

1. Article Addressed to:

TRUST UWO VIRGINIE ISHAM FBO HENRY
 2510 S SAINT PAUL ST
 DENVER, CO 80210-6219

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 #: 2202
 Article #: 71106605959000131503
 Date/Time: 8/31/2010 1:28:46 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

7110 6605 9590 0013 1510

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

TTB PROPERTIES LP
1805 UTAH ST
HOUSTON, TX 77007

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



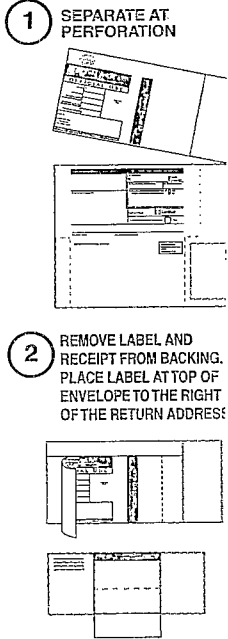
7110 6605 9590 0013 1510

TTB PROPERTIES LP
 1805 UTAH ST
 HOUSTON, TX 77007

Batch #: 2202
 Article #: 71106605959000131510
 Date/Time: 8/31/2010 1:28:46 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

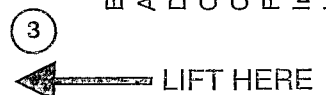
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1510	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
TTB PROPERTIES LP 1805 UTAH ST HOUSTON, TX 77007	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	
PS Form 3811	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1510	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
TTB PROPERTIES LP 1805 UTAH ST HOUSTON, TX 77007	Blake Perkins	9/10/10
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	
PS Form 3811	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2202
 Article #: 71106605959000131510
 Date/Time: 8/31/2010 1:28:46 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
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For delivery information visit our website at www.usps.com

7110 6605 9590 0013 1527

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

**TUW MARY E BROWN WILL
 1857 55TH AVE
 ALEDO, IL 61231-8610**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1527

**TUW MARY E BROWN WILL
 1857 55TH AVE
 ALEDO, IL 61231-8610**

Batch #: 2202
 Article #: 71106605959000131527
 Date/Time: 8/31/2010 1:28:46 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0013 1527

1. Article Addressed to:

**TUW MARY E BROWN WILL
 1857 55TH AVE
 ALEDO, IL 61231-8610**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

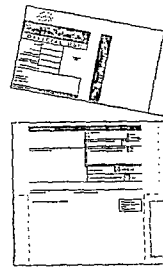
B. Received by (Printed Name) C. Date of Delivery

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

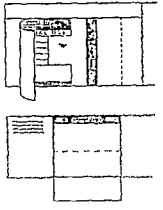
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0013 1527

1. Article Addressed to:

**TUW MARY E BROWN WILL
 1857 55TH AVE
 ALEDO, IL 61231-8610**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Rachel Brown Addressee

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

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

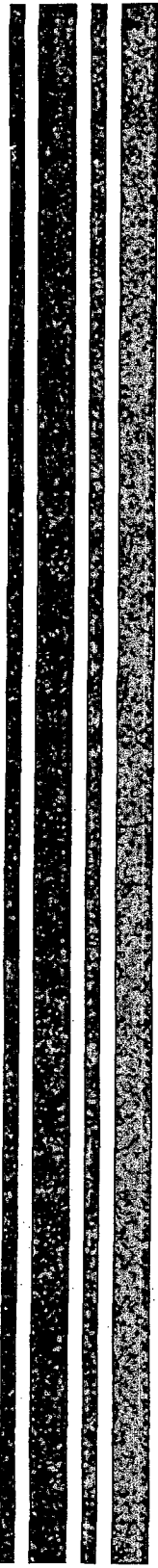
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2202
 Article #: 71106605959000131527
 Date/Time: 8/31/2010 1:28:46 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3

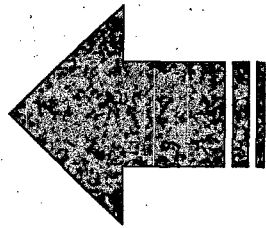




This is a Patch T type separator sheet.



Form Type = "Case Form"
CODE128 type barcode



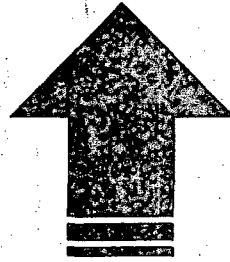
Landscape Feed

New Form Follows...
Printed on 5/8/2002 9:52:51 AM

This is a Patch T type separator sheet.



Form Type = "Case Form"
CODE128 type barcode



Portrait Feed
New Form Follows...
Printed on 5/8/2002 9:52:51 AM



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Insurance Coverage Provided)
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7110 6605 9590 0013 1077

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 **T D CUNNINGHAM**
 PO BOX 5383
 DENVER, CO 80217-5383

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 0013 1077

T D CUNNINGHAM
 PO BOX 5383
 DENVER, CO 80217-5383

Batch #: 2202
 Article #: 71106605959000131077
 Date/Time: 8/31/2010 1:28:43 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 0013 1077

1. Article Addressed to:

T D CUNNINGHAM
 PO BOX 5383
 DENVER, CO 80217-5383

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

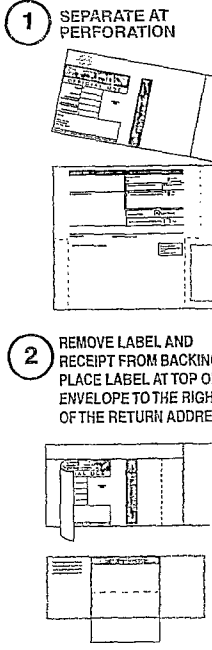
A. Signature Agent
X Addressee

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 0013 1077

1. Article Addressed to:

T D CUNNINGHAM
 PO BOX 5383
 DENVER, CO 80217-5383

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Matthew Howell Addressee

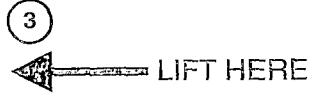
B. Received by (Printed Name) C. Date of Delivery
Matthew Howell 9-7-10

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 #: 2202
 Article #: 71106605959000131077
 Date/Time: 8/31/2010 1:28:43 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 0013 1091

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

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

TAMACAM LLC
C/O JAMES M RAYMOND-POA
PO BOX 291445
KERRVILLE, TX 78029-1445

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1091

TAMACAM LLC
C/O JAMES M RAYMOND-POA
PO BOX 291445
KERRVILLE, TX 78029-1445

Batch #: 2202
 Article #: 71106605959000131091
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

PS Form 3800, August 2006 See Reverse for Instructions

2. Article Number

7110 6605 9590 0013 1091

1. Article Addressed to:

TAMACAM LLC
C/O JAMES M RAYMOND-POA
PO BOX 291445
KERRVILLE, TX 78029-1445

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

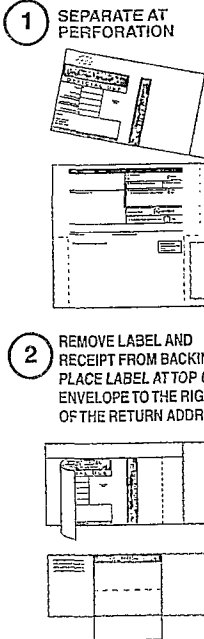
B. Received by (Printed Name)

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 0013 1091

1. Article Addressed to:

TAMACAM LLC
C/O JAMES M RAYMOND-POA
PO BOX 291445
KERRVILLE, TX 78029-1445

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) *Nicole Goversen*

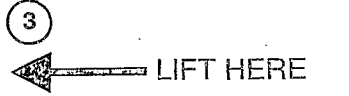
C. Date of Delivery *09/08/10*

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 #: 2202
 Article #: 71106605959000131091
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



Reorder Form 11R rev. 01/07



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

7110 6605 9590 0013 4023

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	

ent To **TANE R POTTER**
109 KING JAMES CIR

OXFORD, PA 19363-4223

Form 3800, August 2006 See Reverse for Instructions

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

7110 6605 9590 0013 4023

TANE R POTTER
 109 KING JAMES CIR
 OXFORD, PA 19363-4223

Batch #: 2273
 Article #: 71106605959000134023
 Date/Time: 9/14/2010 3:35:39 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2 Article Number

7110 6605 9590 0013 4023

1. Article Addressed to:

TANE R POTTER
109 KING JAMES CIR

OXFORD, PA 19363-4223

COMPLETE THIS SECTION ON DELIVERY

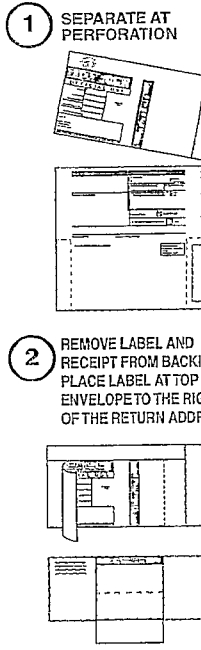
A. Signature Agent
 Addressee

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



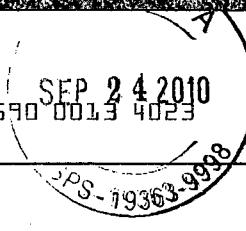
2 Article Number

7110 6605 9590 0013 4023

1. Article Addressed to:

TANE R POTTER
109 KING JAMES CIR

OXFORD, PA 19363-4223



COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

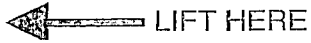
B. Received by (Printed Name) C. Date of Delivery

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 #: 2273
 Article #: 71106605959000134023
 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; Not Insurance Coverage Provided)

7110 6605 9590 0013 1107

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
 Ted E Duff Trust
 PO BOX 398
 RUIDOSO, NM 88345

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1107

TED E DUFF TRUST
 PO BOX 398
 RUIDOSO, NM 88345

Batch #: 2202
 Article #: 71106605959000131107
 Date/Time: 8/31/2010 1:28:43 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 0013 1107

1. Article Addressed to:

TED E DUFF TRUST
 PO BOX 398
 RUIDOSO, NM 88345

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

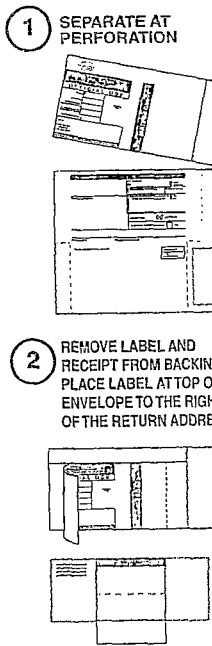
A. Signature Agent
X Addressee

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 0013 1107

1. Article Addressed to:

TED E DUFF TRUST
 PO BOX 398
 RUIDOSO, NM 88345

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

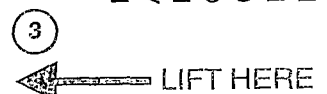
B. Received by (Printed Name) C. Date of Delivery
 TED DUFF 8/31/10

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 #: 2202
 Article #: 71106605959000131107
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



Reorder Form LCD-81 01/07



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

7110 6605 9590 0013 1114

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

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

TEMPE LIMITED PARTNERSHIP
C/O F E OR M K HARRINGTON
8081 CLYMER LANE
INDIANAPOLIS, IN 46250

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1114

TEMPE LIMITED PARTNERSHIP
C/O F E OR M K HARRINGTON
8081 CLYMER LANE
INDIANAPOLIS, IN 46250

Batch #: 2202
Article #: 71106605959000131114
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Form 3811 August 2005 See reverse for instructions

2. Article Number

7110 6605 9590 0013 1114

1. Article Addressed to:

TEMPE LIMITED PARTNERSHIP
C/O F E OR M K HARRINGTON
8081 CLYMER LANE
INDIANAPOLIS, IN 46250

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

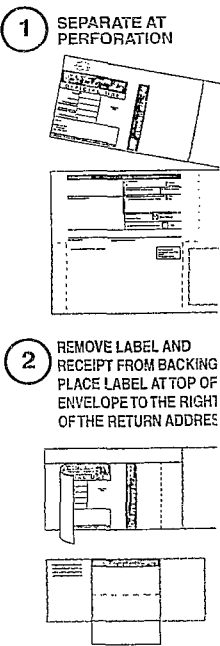
A. Signature Agent Addressee
X

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



Recorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1114

1. Article Addressed to:

TEMPE LIMITED PARTNERSHIP
C/O F E OR M K HARRINGTON
8081 CLYMER LANE
INDIANAPOLIS, IN 46250

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

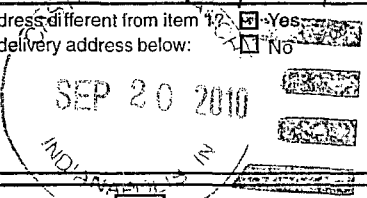
A. Signature Agent Addressee
X *Mary Harrington*

B. Received by (Printed Name) C. Date of Delivery
M. HARRINGTON *9-20-10*

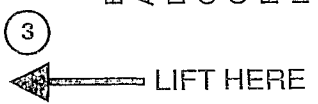
D. Is delivery address different from item 1? Yes No
If YES enter delivery address below:

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2202
Article #: 71106605959000131114
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0013 1121

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

TERA ELIZABETH SALTER
1457 W UNIVERSITY DR 74
MESA, AZ 85201

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1121

TERA ELIZABETH SALTER
1457 W UNIVERSITY DR 74
MESA, AZ 85201

Batch #: 2202
 Article #: 71106605959000131121
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800, August 2006. See Reverse for Instructions

Reorder Form LCD-100 rev. 01/07

2: Article Number

7110 6605 9590 0013 1121

1. Article Addressed to:

TERA ELIZABETH SALTER
1457 W UNIVERSITY DR 74
MESA, AZ 85201

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

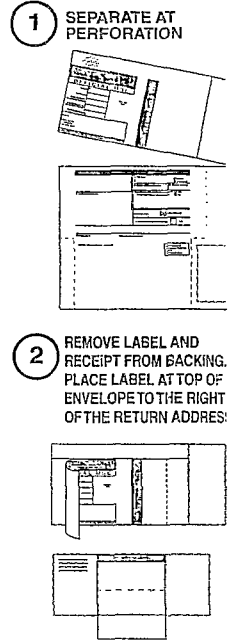
A. Signature Agent
 Addressee

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 0013 1121

1. Article Addressed to:

TERA ELIZABETH SALTER
1457 W UNIVERSITY DR 74
MESA, AZ 85201

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

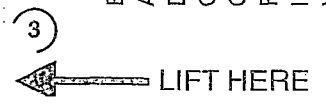
B. Received by (Printed Name) C. Date of Delivery

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 #: 2202
 Article #: 71106605959000131121
 Date/Time: 8/31/2010 1:28:43 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 0013 4030

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

Delivered To: **TERESA SLOCUM**
21 RD 5150
BLOOMFIELD, NM 87413

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 4030

TERESA SLOCUM
21 RD 5150

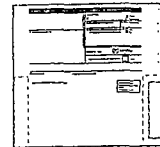
BLOOMFIELD, NM 87413

Batch #: 2273
Article #: 71106605959000134030
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code 2:
File #:
Internal File #:
Internal Code #:

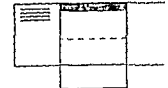
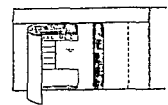
Reorder Form LCD-8 v. 01/07

2. Article Number 7110 6605 9590 0013 4030	COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: TERESA SLOCUM 21 RD 5150 BLOOMFIELD, NM 87413	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0013 4030	COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: TERESA SLOCUM 21 RD 5150 BLOOMFIELD, NM 87413	A. Signature <i>Teresa Slocum</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name)	C. Date of Delivery 9/17/10
	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 #: 71106605959000134030
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code 2:
File #:
Internal File #:
Internal Code #:

3 **LIFT HERE**



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7110 6605 9590 0013 1138

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

TEX ZIA PROPERTIES LTD
PO BOX 261427
PLANO, TX 75026-1427

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1138

TEX ZIA PROPERTIES LTD
PO BOX 261427
PLANO, TX 75026-1427

Batch #: 2202
 Article #: 71106605959000131138
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3811, August 2006. See Reverse for Instructions

Reorder Form LCD-8-01/07

2. Article Number

7110 6605 9590 0013 1138

1. Article Addressed to:

TEX ZIA PROPERTIES LTD
PO BOX 261427
PLANO, TX 75026-1427

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

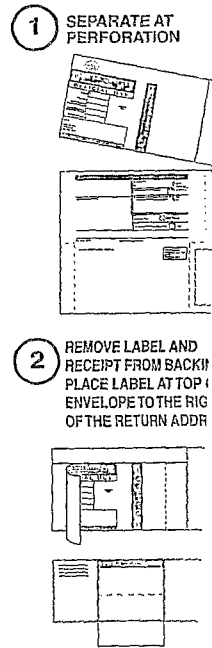
A. Signature Agent
X Addressee

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 0013 1138

1. Article Addressed to:

TEX ZIA PROPERTIES LTD
PO BOX 261427
PLANO, TX 75026-1427

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee
Sara Montgomery

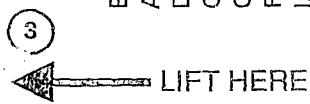
B. Received by (Printed Name) C. Date of Delivery
SARA Montgomery 9-9-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2202
 Article #: 71106605959000131138
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0013 1145

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

TEXAS ROYALTIES
 P O BOX 3579
 MIDLAND, TX 79702

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1145

TEXAS ROYALTIES
 P O BOX 3579
 MIDLAND, TX 79702

Batch #: 2202
 Article #: 71106605959000131145
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0013 1145

1. Article Addressed to:

TEXAS ROYALTIES
 P O BOX 3579
 MIDLAND, TX 79702

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

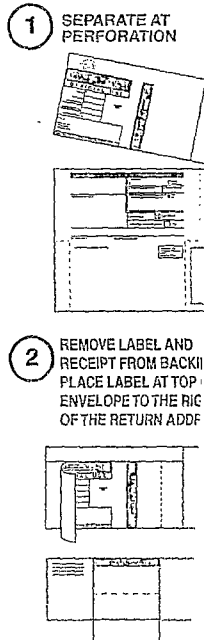
A. Signature Agent Addressee
X

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 0013 1145

1. Article Addressed to:

TEXAS ROYALTIES
 P O BOX 3579
 MIDLAND, TX 79702

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X E Edwards

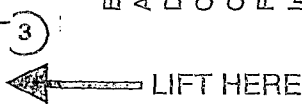
B. Received by (Printed Name) C. Date of Delivery
E. Edwards 8-17-10

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 #: 2202
 Article #: 71106605959000131145
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0013 1152

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

Code: Allocation Project - D.Howell

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

THE DOROTHY T RUTTER TRUST
PO BOX 3186
MIDLAND, TX 79702

PS Form 3811, April 2006 See Reverse for Instructions



7110 6605 9590 0013 1152

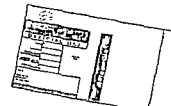
THE DOROTHY T RUTTER TRUST
PO BOX 3186
MIDLAND, TX 79702

Batch #: 2202
 Article #: 71106605959000131152
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

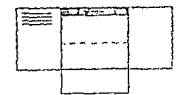
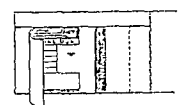
Reorder Form LCD-8 01/07

2 Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1152	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
THE DOROTHY T RUTTER TRUST PO BOX 3186 MIDLAND, TX 79702		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION



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



2 Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1152	A. Signature X <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
THE DOROTHY T RUTTER TRUST PO BOX 3186 MIDLAND, TX 79702	<i>Ann. Rutter, Jr.</i>	9/8/10
	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 #: 2202
 Article #: 71106605959000131152
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3





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7110 6605 9590 0013 1084

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

Code: Allocation Project - D.Howell

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

T H MCELVAIN OIL AND GAS PROP
ATTN: MR. RICK HARRIS
1050 17TH ST STE 1800
DENVER, CO 80265



7110 6605 9590 0013 1084

T H MCELVAIN OIL AND GAS PROP
ATTN: MR. RICK HARRIS
1050 17TH ST STE 1800
DENVER, CO 80265

Batch #: 2202
 Article #: 71106605959000131084
 Date/Time: 8/31/2010 1:28:43 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 0013 1084

1. Article Addressed to:

T H MCELVAIN OIL AND GAS PROP
ATTN: MR. RICK HARRIS
1050 17TH ST STE 1800
DENVER, CO 80265

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

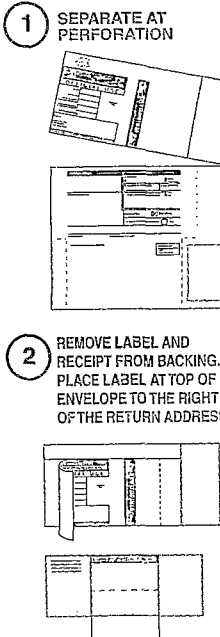
A. Signature
X Agent
 Addressee

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 0013 1084

1. Article Addressed to:

T H MCELVAIN OIL AND GAS PROP
ATTN: MR. RICK HARRIS
1050 17TH ST STE 1800
DENVER, CO 80265

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

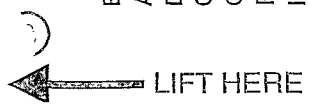
B. Received by (Printed Name) C. Date of Delivery

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 #: 2202
 Article #: 71106605959000131084
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



Reorder Form LCD-8 Rev. 01/07



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7110 6605 9590 0013 1169

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
 THE FASKEN FAMILY LIMITED PARTNERSH
 P. O. BOX 5383
 DENVER, CO 80217

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1169

THE FASKEN FAMILY LIMITED PARTNERSH
 P. O. BOX 5383
 DENVER, CO 80217

Batch #: 2202
 Article #: 71106605959000131169
 Date/Time: 8/31/2010 1:28:43 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 0013 1169

1. Article Addressed to:

THE FASKEN FAMILY LIMITED PARTNERSH
 P. O. BOX 5383
 DENVER, CO 80217

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

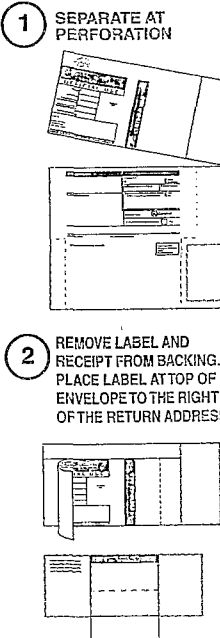
A. Signature Agent
X Addressee

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 0013 1169

1. Article Addressed to:

THE FASKEN FAMILY LIMITED PARTNERSH
 P. O. BOX 5383
 DENVER, CO 80217

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
M. Howell Addressee

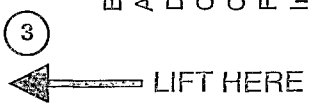
B. Received by (Printed Name) C. Date of Delivery
M. Howell 9-7-10

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 #: 2202
 Article #: 71106605959000131169
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL - RECEIPT
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 For delivery information visit our website at www.usps.com

7110 6605 9590 0013 1176

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

THE NORDAN TRUST
112 E. PECAN, SUITE 500
SAN ANTONIO, TX 78205

Form 3811, August 2009 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1176

THE NORDAN TRUST
112 E. PECAN, SUITE 500
SAN ANTONIO, TX 78205

Batch #: 2202
 Article #: 71106605959000131176
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0013 1176

1. Article Addressed to:

THE NORDAN TRUST
112 E. PECAN, SUITE 500
SAN ANTONIO, TX 78205

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

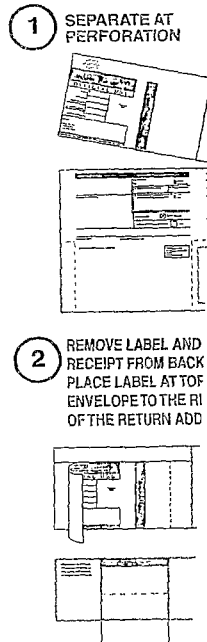
B. Received by (Printed Name) C. Date of Delivery

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



2. Article Number

7110 6605 9590 0013 1176

1. Article Addressed to:

THE NORDAN TRUST
112 E. PECAN, SUITE 500
SAN ANTONIO, TX 78205

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

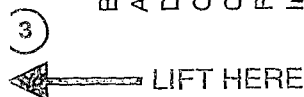
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

Batch #: 2202
 Article #: 71106605959000131176
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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

7110 6605 9590 0013 1183

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

THE ROBERT A SMITH & PATRICIA L SMITH
3 ROAD 2978
AZTEC, NM 87410

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1183

THE ROBERT A SMITH & PATRICIA L SMITH
3 ROAD 2978
AZTEC, NM 87410

Batch #: 2202
 Article #: 71106605959000131183
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800, August 2008 See Reverse for Instructions

Reorder Form LCD-811 01/07

2. Article Number

7110 6605 9590 0013 1183

1. Article Addressed to:

THE ROBERT A SMITH & PATRICIA L SMITH
3 ROAD 2978
AZTEC, NM 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

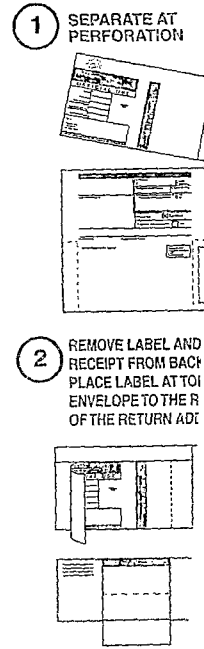
A. Signature Agent
 Addressee

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 0013 1183

1. Article Addressed to:

THE ROBERT A SMITH & PATRICIA L SMITH
3 ROAD 2978
AZTEC, NM 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

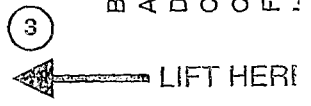
B. Received by (Printed Name) C. Date of Delivery

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 #: 2202
 Article #: 71106605959000131183
 Date/Time: 8/31/2010 1:28:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





U.S. Postal Service
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For more information visit our website at www.usps.com

7110 6605 9590 0013 1190

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

Postmark Here

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1190

THE VIOLA I STEWART TRUST
P. O. BOX 291245
KERRVILLE, TX 78029-1245

sent To
street, Apt. No.,
PO Box No.
city, State, Zip+4
**THE VIOLA I STEWART TRUST
P. O. BOX 291245
KERRVILLE, TX 78029-1245**

Form 3800, August 2006 See Reverse for Instructions

Batch #: 2202
Article #: 71106605959000131190
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8
v. 01/07

2. Article Number
7110 6605 9590 0013 1190

1. Article Addressed to:

**THE VIOLA I STEWART TRUST
P. O. BOX 291245
KERRVILLE, TX 78029-1245**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

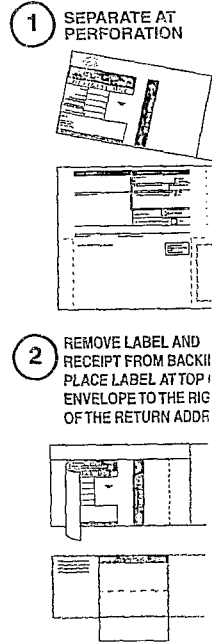
B. Received by (Printed Name) C. Date of Delivery

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 0013 1190

1. Article Addressed to:

**THE VIOLA I STEWART TRUST
P. O. BOX 291245
KERRVILLE, TX 78029-1245**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery
Nicole Goyertson **09/08/10**

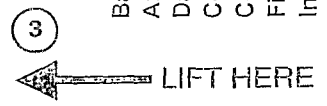
D. Is delivery address different from item 1? Yes
If YES enter delivery address below: No

3. Service Type **Certified**

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131190
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0013 1206

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

sent To **THE WRIGHT BROS TRUST**
C/O STANLEY M WRIGHT
2157 HWY 130
BENNETT, IA 52721-9801

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACER IN UPPER RIGHT CORNER OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL

7110 6605 9590 0013 1206

THE WRIGHT BROS TRUST
C/O STANLEY M WRIGHT
2157 HWY 130
BENNETT, IA 52721-9801

Batch #: 2202
 Article #: 71106605959000131206
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD- rev. 01/07

2 Article Number

7110 6605 9590 0013 1206

1. Article Addressed to:

THE WRIGHT BROS TRUST
C/O STANLEY M WRIGHT
2157 HWY 130
BENNETT, IA 52721-9801

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

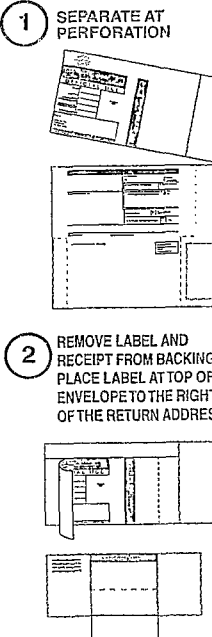
B. Received by (Printed Name) C. Date of Delivery

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



2 Article Number

7110 6605 9590 0013 1206

1. Article Addressed to:

THE WRIGHT BROS TRUST
C/O STANLEY M WRIGHT
2157 HWY 130
BENNETT, IA 52721-9801

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

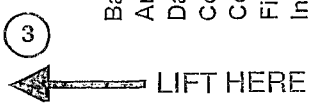
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

Batch #: 2202
 Article #: 71106605959000131206
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
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For information visit our website at www.usps.com.

7110 6605 9590 0013 1213

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

Postmark Here

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

THELMA DEMOTT
501 E PHELPS APT B4
HOPKINS, MO 64461

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1213

THELMA DEMOTT
501 E PHELPS APT B4
HOPKINS, MO 64461

Batch #: 2202
 Article #: 71106605959000131213
 Date/Time: 8/31/2010 1:28:44 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 0013 1213

1. Article Addressed to:

THELMA DEMOTT
501 E PHELPS APT B4
HOPKINS, MO 64461

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

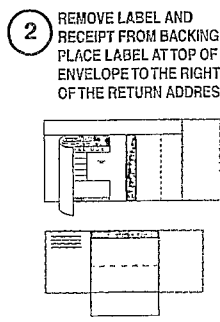
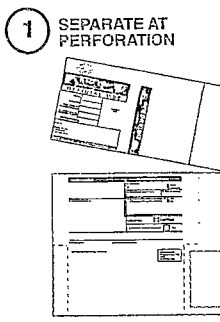
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Reorder Form LCD-8 Rev. 01/07

2 Article Number

7110 6605 9590 0013 1213

1. Article Addressed to:

THELMA DEMOTT
501 E PHELPS APT B4
HOPKINS, MO 64461

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Thelma Demott

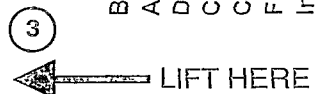
B. Received by (Printed Name) C. Date of Delivery
Thelma Demott 9/7/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2202
 Article #: 71106605959000131213
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
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(Certified Mail Only, No Insurance Coverage Provided)

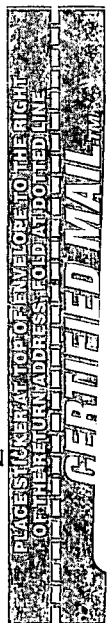
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

sent To
THELMA GRAHAM FAMILY LIMITED PARTNE
7111 E 82 STREET
TULSA, OK 74133

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



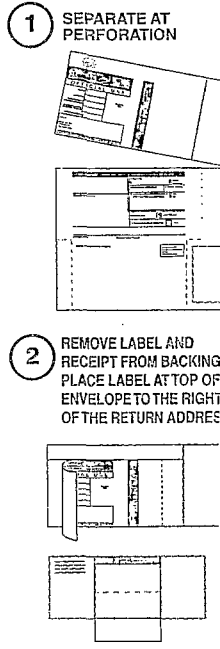
7110 6605 9590 0013 1220

THELMA GRAHAM FAMILY LIMITED PARTNE
7111 E 82 STREET
TULSA, OK 74133

Batch #: 2202
 Article #: 71106605959000131220
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-01 Rev. 01/07

2. Article Number 7110 6605 9590 0013 1220	COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: THELMA GRAHAM FAMILY LIMITED PARTNE 7111 E 82 STREET TULSA, OK 74133	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



2. Article Number 7110 6605 9590 0013 1220	COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: THELMA GRAHAM FAMILY LIMITED PARTNE 7111 E 82 STREET TULSA, OK 74133	A. Signature X <i>William O. Graham</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) William O. Graham	C. Date of Delivery SEP 07 2010
	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 #: 2202
 Article #: 71106605959000131220
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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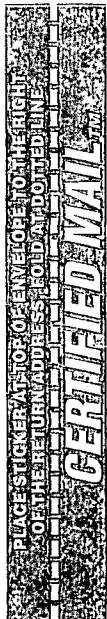
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
 Theodore J BLECHAR TRUST
 6669 BARNABY ST NW
 WASHINGTON, DC 20015

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 0013 1237

THEODORE J BLECHAR TRUST
 6669 BARNABY ST NW
 WASHINGTON, DC 20015

Batch #: 2202
 Article #: 71106605959000131237
 Date/Time: 8/31/2010 1:28:44 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 0013 1237

1. Article Addressed to:

THEODORE J BLECHAR TRUST
 6669 BARNABY ST NW
 WASHINGTON, DC 20015

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

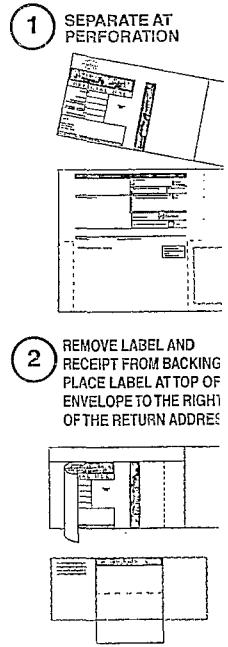
A. Signature Agent
 Addressee

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 0013 1237

1. Article Addressed to:

THEODORE J BLECHAR TRUST
 6669 BARNABY ST NW
 WASHINGTON, DC 20015

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

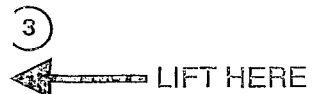
B. Received by (Printed Name) C. Date of Delivery

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 #: 2202
 Article #: 71106605959000131237
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service™
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Postage	7110 6605 9590 0013 3170	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**
 THOMAS AHO TR
 1391 SMT CHASE DR
 SNELLVILLE, GA 30078-3520

Street, Apt. No.;
 or 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 3170

THOMAS AHO TR
 1391 SMT CHASE DR
 SNELLVILLE, GA 30078-3520

Batch #: 2269
 Article #: 71106605959000133170
 Date/Time: 9/14/2010 2:59:27 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2 Article Number

7110 6605 9590 0013 3170

1. Article Addressed to:

THOMAS AHO TR
 1391 SMT CHASE DR
 SNELLVILLE, GA 30078-3520

COMPLETE THIS SECTION ON DELIVERY

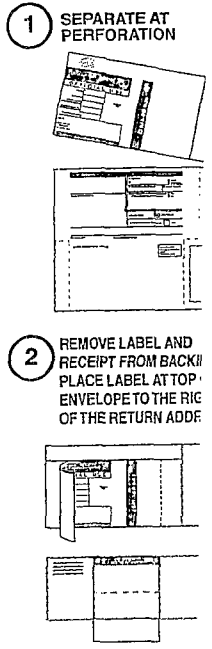
A. Signature Agent
 Addressee

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 0013 3170

1. Article Addressed to:

THOMAS AHO TR
 1391 SMT CHASE DR
 SNELLVILLE, GA 30078-3520

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

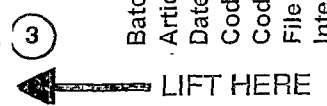
B. Received by (Printed Name) C. Date of Delivery
 Barbara Aho 9/30/10

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 #: 71106605959000133170
 Date/Time: 9/14/2010 2:59:27 PM
 Code:
 Code2:
 File #:
 Internal File #:



Reorder Form LCD-8 Rev. 01/07



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

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

THOMAS B. CATRON, III AND JUNE
 U/A DECEMBER 1, 1996
 PO BOX 788
 SANTA FE, NM 87504-0788

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1244

THOMAS B. CATRON, III AND JUNE
 U/A DECEMBER 1, 1996
 PO BOX 788
 SANTA FE, NM 87504-0788

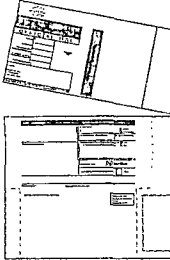
Batch #: 2202
 Article #: 71106605959000131244
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800, August 2006. See Reverse for Instructions

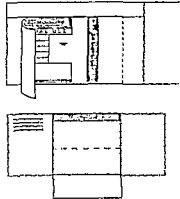
Reorder Form LCD-8 Rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1244		A. Signature X	
1. Article Addressed to:		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
THOMAS B. CATRON, III AND JUNE U/A DECEMBER 1, 1996 PO BOX 788 SANTA FE, NM 87504-0788		B. Received by (Printed Name)	
Code: Allocation Project - D.Howell		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	

1 SEPARATE AT PERFORMANCE



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



2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1244		A. Signature X <i>John Catron</i>	
1. Article Addressed to:		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
THOMAS B. CATRON, III AND JUNE U/A DECEMBER 1, 1996 PO BOX 788 SANTA FE, NM 87504-0788		B. Received by (Printed Name) <i>JOHN CATRON</i>	
Code: Allocation Project - D.Howell		C. Date of Delivery <i>9/14/10</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	

Batch #: 2202
 Article #: 71106605959000131244
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3

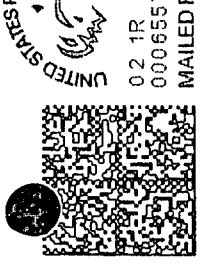
LIFT HERE

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

ConocoPhillips

71110 6605 9590 0013 1251

REGISTERED
SEP 13 AM
EPA



Handwritten: JH 9/17

THOMAS D CITRANGOLA &
PO-BOX 5720
SPRING HILL, FL 34609

Circulation
 Mailed
 Registered
 No Such Street
 No Such Number
Date _____
Initials _____



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

7110 6605 9590 0013 1251

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 **THOMAS D CITRANGOLA & PO BOX 5720 SPRING HILL, FL 34609**

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

Form SB00, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1251

THOMAS D CITRANGOLA &
 PO BOX 5720
 SPRING HILL, FL 34609

Batch #: 2202
 Article #: 71106605959000131251
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number

7110 6605 9590 0013 1251

1. Article Addressed to:

THOMAS D CITRANGOLA & PO BOX 5720 SPRING HILL, FL 34609

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

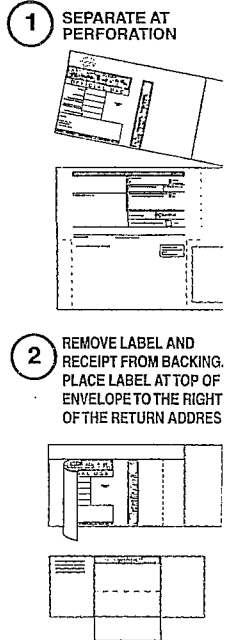
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Reorder Form LCD-8 Rev. 01/07

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

3
 LIFT HERE

Batch #: 2202
 Article #: 71106605959000131251
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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

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

THOMAS E DUNNAM III
14618 REIGH COUNT
SAN ANTONIO, TX 78248-1139

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0013 1268

THOMAS E DUNNAM III
14618 REIGH COUNT
SAN ANTONIO, TX 78248-1139

Batch #: 2202
 Article #: 71106605959000131268
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811 Rev. 01/07

2: Article Number

7110 6605 9590 0013 1268

1. Article Addressed to:

THOMAS E DUNNAM III
14618 REIGH COUNT
SAN ANTONIO, TX 78248-1139

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

1 SEPARATE AT PERFORATION

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

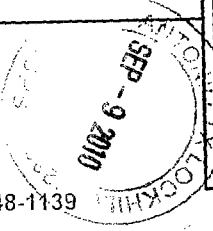
2: Article Number

7110 6605 9590 0013 1268

1. Article Addressed to:

THOMAS E DUNNAM III
14618 REIGH COUNT
SAN ANTONIO, TX 78248-1139

Code: Allocation Project - D.Howell



COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

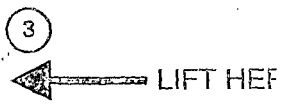
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

THOMAS E DUNNAM III
14618 REIGH COUNT
SAN ANTONIO TX 78248

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2202
 Article #: 71106605959000131268
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Mail Only, No Insurance Coverage Provided)
 Information: Visit our website at www.usps.com
 7110 6605 9590 0013 1275

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

THOMAS F MCKENNA SR CREDIT SHELTER
1200 EUBANK AVE
ALBUQUERQUE, NM 87112

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1275

THOMAS F MCKENNA SR CREDIT SHELTER
1200 EUBANK AVE
ALBUQUERQUE, NM 87112

Batch #: 2202
 Article #: 71106605959000131275
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800, August 2006, See Reverse for Instructions

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0013 1275

1. Article Addressed to:

THOMAS F MCKENNA SR CREDIT SHELTER
1200 EUBANK AVE
ALBUQUERQUE, NM 87112

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

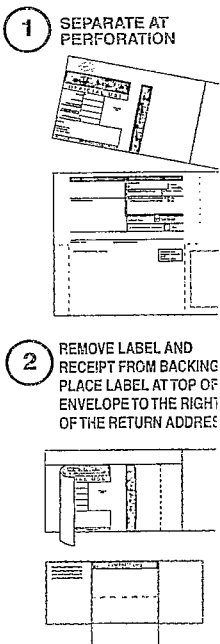
A. Signature
X Agent
 Addressee

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 0013 1275

1. Article Addressed to:

THOMAS F MCKENNA SR CREDIT SHELTER
1200 EUBANK AVE
ALBUQUERQUE, NM 87112

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
C. Walley 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 #: 2202
 Article #: 71106605959000131275
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
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 For more information, visit our website at www.usps.com

7110 6605 9590 0013 1282

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

THOMAS KEVIN PRESTON
6802 RAYNOR WAY
SUGAR LAND, TX 77479

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1282

THOMAS KEVIN PRESTON
6802 RAYNOR WAY
SUGAR LAND, TX 77479

Batch #: 2202
 Article #: 71106605959000131282
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3811, August 2006, PSN See Reverse for Instructions

Reorder Form LCD-8
 v. 01/07

2 Article Number

7110 6605 9590 0013 1282

1. Article Addressed to:

THOMAS KEVIN PRESTON
6802 RAYNOR WAY
SUGAR LAND, TX 77479

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

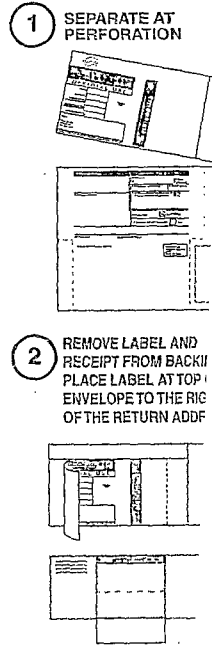
A. Signature Agent
X Addressee

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 0013 1282

1. Article Addressed to:

THOMAS KEVIN PRESTON
6802 RAYNOR WAY
SUGAR LAND, TX 77479

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Leslie Preston* Addressee

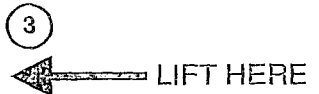
B. Received by (Printed Name) C. Date of Delivery
Leslie Preston | *9/16/10*

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 #: 2202
 Article #: 71106605959000131282
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
 For more information visit our website at www.usps.com
 7110 6605 9590 0013 1299

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

Delivered To
 THOMAS P TINNIN
 PO BOX 1885
 ALBUQUERQUE, NM 87103
 Street, Apt. No.; PO Box No. City, State, Zip+4

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell

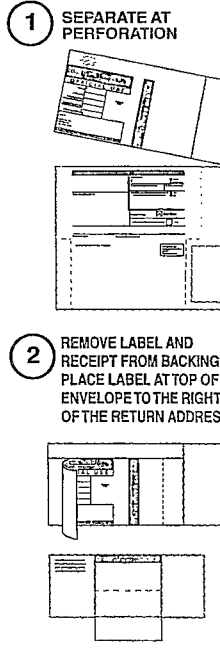


7110 6605 9590 0013 1299

THOMAS P TINNIN
 PO BOX 1885
 ALBUQUERQUE, NM 87103

Batch #: 2202
 Article #: 71106605959000131299
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1299		A. Signature X	
1. Article Addressed to:		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
THOMAS P TINNIN PO BOX 1885 ALBUQUERQUE, NM 87103		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			



Reorder Form LCD- rev. 01/07

PS Form 3811 Domestic Return Receipt
 UNITED STATES POSTAL SERVICE
 First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

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

Batch #: 2202
 Article #: 71106605959000131299
 Date/Time: 8/31/2010 1:28:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

7110 6605 9590 0013 1305

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
THOMAS POLLOCK
3931 WHITEFISH BAY ROAD.
STURGEON BAY, WI 54235-9575

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1305

THOMAS POLLOCK
3931 WHITEFISH BAY ROAD
STURGEON BAY, WI 54235-9575

Batch #: 2202
Article #: 71106605959000131305
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-01/07

2. Article Number

7110 6605 9590 0013 1305

1. Article Addressed to:

THOMAS POLLOCK
3931 WHITEFISH BAY ROAD
STURGEON BAY, WI 54235-9575

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

Agent
 Addressee

B. Received by (Printed Name)

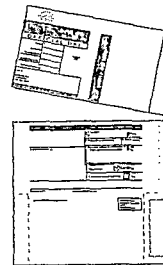
C. Date of Delivery

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

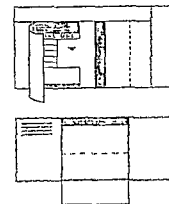
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0013 1305

1. Article Addressed to:

THOMAS POLLOCK
3931 WHITEFISH BAY ROAD
STURGEON BAY, WI 54235-9575

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Centzmaeder*

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery
9-7-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2202
Article #: 71106605959000131305
Date/Time: 8/31/2010 1:28:44 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

7110 6605 9590 0013 1312

THOMAS R DUFFIN
15NR ADAMS



REASON CHECKED

- Moved, Left No Address/Unable To Forward
- Attempted - Not Known
- Unclaimed
- Refused
- No Such Street
- No Such Number
- Insufficient Address

CB



02 1R
0006557
MAILED F
UNITED STATES P

2nd 9-15
RT



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

7110 6605 9590 0013 1329

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

THOMAS W ISHAM
3101 W CHESTNUT AVE
YAKIMA, WA 98902

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1329

THOMAS W ISHAM
3101 W CHESTNUT AVE
YAKIMA, WA 98902

Batch #: 2202
 Article #: 71106605959000131329
 Date/Time: 8/31/2010 1:28:44 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 0013 1329

1. Article Addressed to:

THOMAS W ISHAM
3101 W CHESTNUT AVE
YAKIMA, WA 98902

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

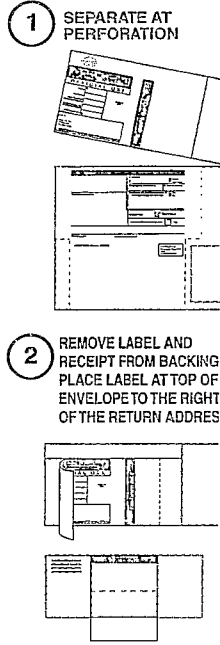
A. Signature Agent
X Addressee

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 rev. 01/07

2 Article Number

7110 6605 9590 0013 1329

1. Article Addressed to:

THOMAS W ISHAM
3101 W CHESTNUT AVE
YAKIMA, WA 98902

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

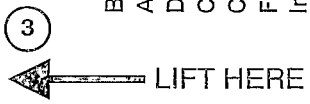
B. Received by (Printed Name) C. Date of Delivery

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 #: 2202
 Article #: 71106605959000131329
 Date/Time: 8/31/2010 1:28:44 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 0013 1336

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		

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1336

THOMAS W MANDRY
 5843 49TH ST
 LUBBOCK, TX 79424

Batch #: 2202
 Article #: 71106605959000131336
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

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

THOMAS W MANDRY
5843 49TH ST
LUBBOCK, TX 79424

PS Form 3800, August 2009 See Reverse for Instructions

2. Article Number

7110 6605 9590 0013 1336

1. Article Addressed to:

THOMAS W MANDRY
5843 49TH ST
LUBBOCK, TX 79424

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 0013 1336

1. Article Addressed to:

THOMAS W MANDRY
5843 49TH ST
LUBBOCK, TX 79424

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Robert Ballou* Addressee

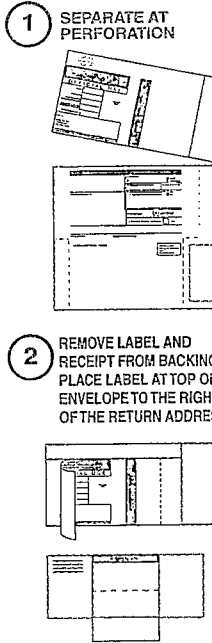
B. Received by (Printed Name) C. Date of Delivery
ROBERT BALLOU

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

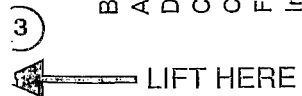
3. Service Type Certified

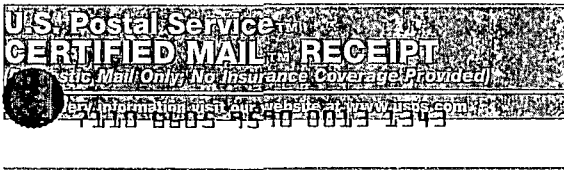
4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell



Batch #: 2202
 Article #: 71106605959000131336
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



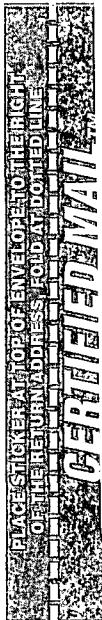


Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

**THOMPSON FAMILY LLC
 1370 TESUQUE CREEK RD
 SANTA FE, NM 87501**

Code: Allocation Project - D.Howell



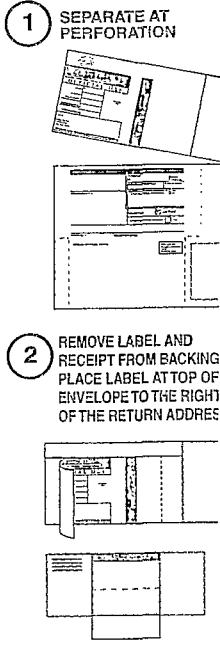
7110 6605 9590 0013 1343

THOMPSON FAMILY LLC
 1370 TESUQUE CREEK RD
 SANTA FE, NM 87501

Batch #: 2202
 Article #: 71106605959000131343
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

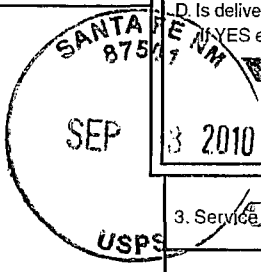
Form 3811, August 2006 See Reverse for Instructions

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1343	A. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	X	
	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	
THOMPSON FAMILY LLC 1370 TESUQUE CREEK RD SANTA FE, NM 87501		
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		

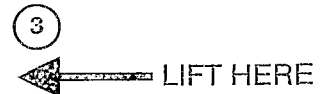


Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1343	A. Signature	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
	X <i>Shirley Thompson</i>	
	B. Received by (Printed Name)	C. Date of Delivery
	SHIRLEY THOMPSON	8/31/10
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	
THOMPSON FAMILY LLC 1370 TESUQUE CREEK RD SANTA FE, NM 87501		
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		



Batch #: 2202
 Article #: 71106605959000131343
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
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 7110 6605 9590 0013 1350

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
 TIERRA POBRE LLC
 PO BOX 1847
 CORRALES, NM 87048

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

Code: Allocation Project - D.Howell

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

7110 6605 9590 0013 1350

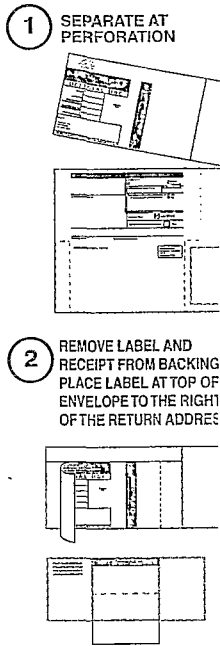
TIERRA POBRE LLC
 PO BOX 1847
 CORRALES, NM 87048

Batch #: 2202
 Article #: 71106605959000131350
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1350	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: TIERRA POBRE LLC PO BOX 1847 CORRALES, NM 87048	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	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1350	A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: TIERRA POBRE LLC PO BOX 1847 CORRALES, NM 87048	B. Received by (Printed Name) JAMES V HARRIS	C. Date of Delivery 9-9-10
	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 #: 2202
 Article #: 71106605959000131350
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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 7110 6605 9590 0013 1367

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

sent To
 TIM B. ALLISON
 1401 CHACO
 GRANTS, NM 87020

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 0013 1367

TIM B. ALLISON
 1401 CHACO
 GRANTS, NM 87020

Batch #: 2202
 Article #: 71106605959000131367
 Date/Time: 8/31/2010 1:28:45 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 0013 1367

1. Article Addressed to:

TIM B. ALLISON
 1401 CHACO
 GRANTS, NM 87020

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

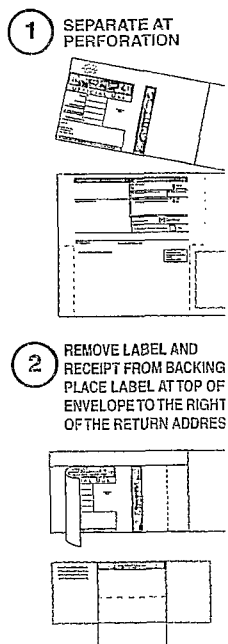
A. Signature Agent Addressee
 X

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 0013 1367

1. Article Addressed to:

TIM B. ALLISON
 1401 CHACO
 GRANTS, NM 87020

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*

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

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 #: 2202
 Article #: 71106605959000131367
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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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
 Timothy Coburn
 2060 CAMINO A LOS CERROS
 MENLO PARK, CA 94025
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

Code: Allocation Project - D.Howell

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

7110 6605 9590 0013 1374

TIMOTHY COBURN
 2060 CAMINO A LOS CERROS
 MENLO PARK, CA 94025

Batch #: 2202
 Article #: 71106605959000131374
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

PS Form 3811, August 2008 See Reverse for Instructions

2. Article Number
 7110 6605 9590 0013 1374

1. Article Addressed to:
 TIMOTHY COBURN
 2060 CAMINO A LOS CERROS
 MENLO PARK, CA 94025

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

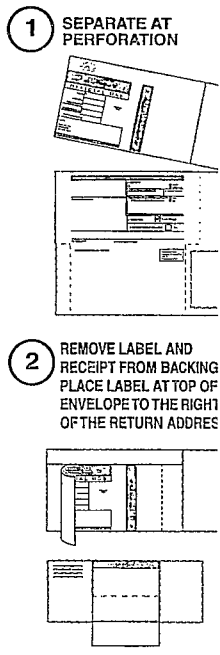
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Reorder Form LCD-8 Rev. 01/07

PS Form 3811 Domestic Return Receipt

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 USPS
 Permit No. G-10

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

Batch #: 2202
 Article #: 71106605959000131374
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
 LIFT HERE



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

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 **TIMOTHY WINSTON WARD**
3856 KELLY BLVD
CARROLLTON, TX 75007

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



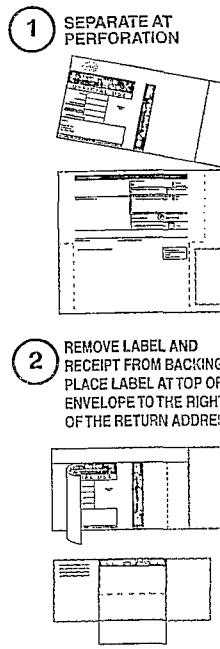
7110 6605 9590 0013 1381

TIMOTHY WINSTON WARD
 3856 KELLY BLVD
 CARROLLTON, TX 75007

Batch #: 2202
 Article #: 71106605959000131381
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

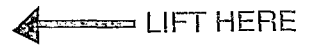
Reorder Form LCD-8 Rev. 01/07

2: Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1381	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
TIMOTHY WINSTON WARD 3856 KELLY BLVD CARROLLTON, TX 75007	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2: Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1381	A. Signature <input type="checkbox"/> Agent X <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 checked="" type="checkbox"/> No	
TIMOTHY WINSTON WARD 3856 KELLY BLVD CARROLLTON, TX 75007	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2202
 Article #: 71106605959000131381
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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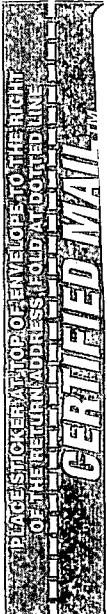
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

TINA GILES
16794 US HWY 550
AZTEC, NM 87410

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1398

TINA GILES
 16794 US HWY 550
 AZTEC, NM 87410

Batch #: 2202
 Article #: 71106605959000131398
 Date/Time: 8/31/2010 1:28:45 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 0013 1398

1. Article Addressed to:

TINA GILES
16794 US HWY 550
AZTEC, NM 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

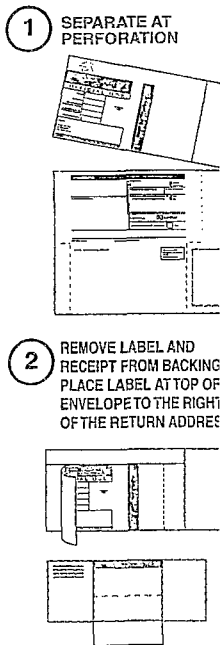
A. Signature Agent
 Addressee

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 0013 1398

1. Article Addressed to:

TINA GILES
16794 US HWY 550
AZTEC, NM 87410

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 #: 2202
 Article #: 71106605959000131398
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0013 3712

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	

ent To **TINA GOMEZ**
PO BOX 5796
 PAGOSA SPRINGS, CO 81147

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™

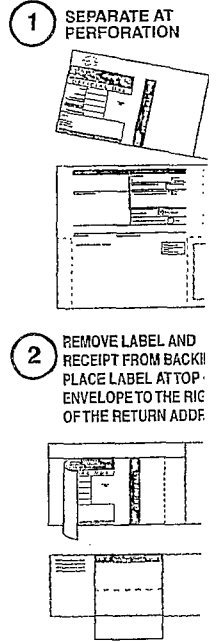
7110 6605 9590 0013 3712

TINA GOMEZ
 PO BOX 5796
 PAGOSA SPRINGS, CO 81147

Batch #: 2272
 Article #: 71106605959000133712
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

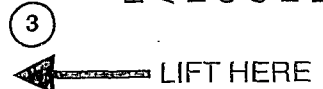
Reorder Form LCD-8-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3712	A. Signature <input type="checkbox"/> Agent X <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
TINA GOMEZ PO BOX 5796 PAGOSA SPRINGS, CO 81147		
	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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3712	A. Signature <input type="checkbox"/> Agent X <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
TINA GOMEZ PO BOX 5796 PAGOSA SPRINGS, CO 81147	MAT Pomst	9/27/10
	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 #: 2272
 Article #: 71106605959000133712
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:





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Postage	7110 6605 9590 0013 3187	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	

Postage \$5.54
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

Recipient To
 TINA HERBERT
 331 MISTY ISLE LN UT C
 LAS VEGAS, NV 89107

Street, Apt. No.;
 or 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
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7110 6605 9590 0013 3187

TINA HERBERT
 331 MISTY ISLE LN UT C
 LAS VEGAS, NV 89107

Batch #: 2269
 Article #: 71106605959000133187
 Date/Time: 9/14/2010 2:59:27 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number

7110 6605 9590 0013 3187

1. Article Addressed to:

TINA HERBERT
 331 MISTY ISLE LN UT C
 LAS VEGAS, NV 89107

COMPLETE THIS SECTION ON DELIVERY

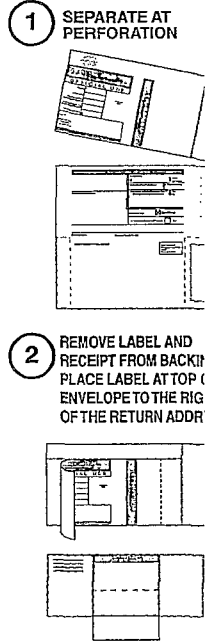
A. Signature Agent Addressee
X

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



PS Form 3811

Domestic Return Receipt

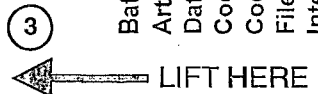
UNITED STATES POSTAL SERVICE



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 USPS
 Permit No. G-10

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

Batch #: 2269
 Article #: 71106605959000133187
 Date/Time: 9/14/2010 2:59:27 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:



Reorder Form LCD-1 rev. 01/07



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 7110 6605 9590 0013 1404

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
 TINMIL A NM LLC
 C/O TINNIN LAW FIRM
 500 MARQUETTE NW STE 1300
 ALBUQUERQUE, NM 87102

Street, Apt. No., PO Box No., City, State, Zip+4
 Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0013 1404

TINMIL A NM LLC
 C/O TINNIN LAW FIRM
 500 MARQUETTE NW STE 1300
 ALBUQUERQUE, NM 87102

Batch #: 2202
 Article #: 71106605959000131404
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number

7110 6605 9590 0013 1404

1. Article Addressed to:

TINMIL A NM LLC
 C/O TINNIN LAW FIRM
 500 MARQUETTE NW STE 1300
 ALBUQUERQUE, NM 87102

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

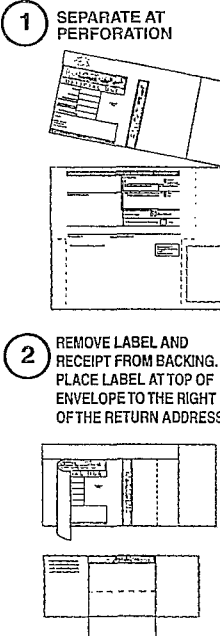
A. Signature Agent Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE



First-Class Mail
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 USPS
 Permit No. G-10

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

Batch #: 2202
 Article #: 71106605959000131404
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
 LIFT HERE

Reorder Form LCD-8 Rev. 01/07



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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	

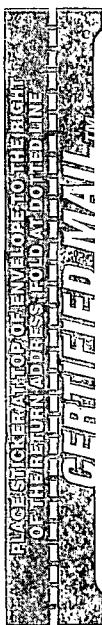
Postmark Here

Code: Allocation Project - D.Howell

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

**TOM D PATTERSON TRUSTEE OF
 6908 PRESTONSHIRE LANE
 DALLAS, TX 75225**

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 1411

TOM D PATTERSON TRUSTEE OF THE
 6908 PRESTONSHIRE LANE
 DALLAS, TX 75225

Batch #: 2202
 Article #: 71106605959000131411
 Date/Time: 8/31/2010 1:28:45 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 0013 1411

1. Article Addressed to:

**TOM D PATTERSON TRUSTEE OF THE
 6908 PRESTONSHIRE LANE
 DALLAS, TX 75225**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

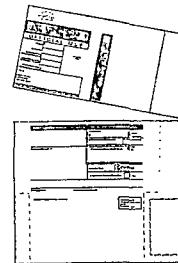
B. Received by (Printed Name) C. Date of Delivery

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

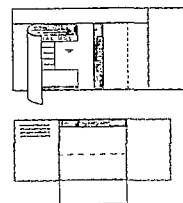
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0013 1411

1. Article Addressed to:

**TOM D PATTERSON TRUSTEE OF THE
 6908 PRESTONSHIRE LANE
 DALLAS, TX 75225**

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

3

LIFT HERE

Batch #: 2202
 Article #: 71106605959000131411
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
 For more information visit our website at www.usps.com
 7110 6605 9590 0013 1428

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 **TOM K MARTELLA**
 16754 W 75TH PL
 ARVADA, CO 80007

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1428

TOM K MARTELLA
 16754 W 75TH PL
 ARVADA, CO 80007

Batch #: 2202
 Article #: 71106605959000131428
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-01/07

2. Article Number
 7110 6605 9590 0013 1428

1. Article Addressed to:
TOM K MARTELLA
 16754 W 75TH PL
 ARVADA, CO 80007

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

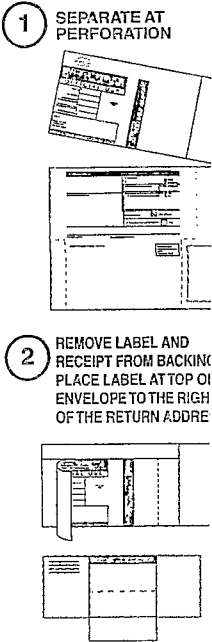
A. Signature
 X
 Agent
 Addressee

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 0013 1428

1. Article Addressed to:
TOM K MARTELLA
 16754 W 75TH PL
 ARVADA, CO 80007

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Tom Martella*
 Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Tom Martella 9-4-2010

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 #: 2202
 Article #: 71106605959000131428
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





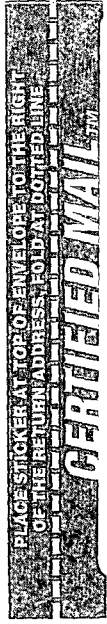
U.S. Postal Service
CERTIFIED MAIL - RECEIPT
Postage & Mail Only. No Insurance Coverage Provided.
 For Delivery Information Visit Our Website at www.usps.com
 7110 6605 9590 0013 1435

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 **TOMMY BOLACK**
 3901 BLOOMFIELD HWY
 FARMINGTON, NM 87401

Form 3800 August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1435

TOMMY BOLACK
 3901 BLOOMFIELD HWY
 FARMINGTON, NM 87401

Batch #: 2202
 Article #: 71106605959000131435
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8111 11/07

2 Article Number

7110 6605 9590 0013 1435

1. Article Addressed to:

TOMMY BOLACK
 3901 BLOOMFIELD HWY
 FARMINGTON, NM 87401

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

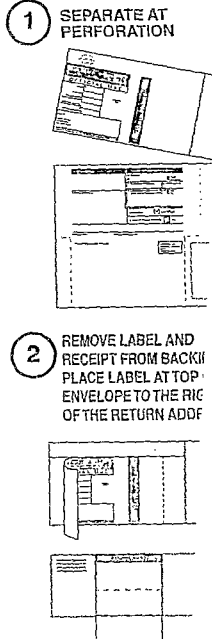
A. Signature Agent
 Addressee

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 0013 1435

1. Article Addressed to:

TOMMY BOLACK
 3901 BLOOMFIELD HWY
 FARMINGTON, NM 87401

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

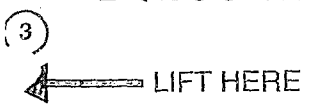
Becky Morris

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 #: 2202
 Article #: 71106605959000131435
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com
 7110 6605 9590 0013 1442

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: **TONI THOMAS**
 401 W JEFFERSON
 SHERIDAN, MO 64486

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

Form 3811 August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1442

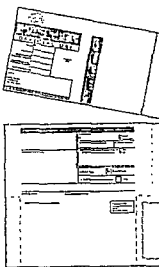
TONI THOMAS
 401 W JEFFERSON
 SHERIDAN, MO 64486

Batch #: 2202
 Article #: 71106605959000131442
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

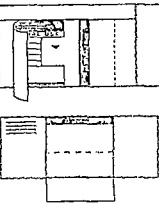
Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1442	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
TONI THOMAS 401 W JEFFERSON SHERIDAN, MO 64486	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



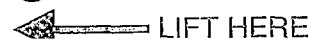
2 REMOVE LABEL AND RECEIPT FROM BACK IN PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1442	A: Signature X <i>Toni Thomas</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Toni Thomas</i>	C. Date of Delivery <i>9-7-10</i>
TONI THOMAS 401 W JEFFERSON SHERIDAN, MO 64486	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 #: 2202
 Article #: 71106605959000131442
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3





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 7110 6605 9590 0013 1459

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

TRIGG OIL & GAS LIMITED PARTNERSHIP
 PO BOX 520
 ROSWELL, NM 88201

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1459

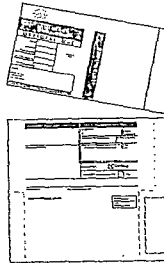
TRIGG OIL & GAS LIMITED PARTNERSHIP
 PO BOX 520
 ROSWELL, NM 88201

Batch #: 2202
 Article #: 71106605959000131459
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

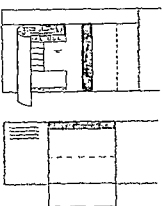
Form 3800, August 2006 See Reverse for Instructions

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1459	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
TRIGG OIL & GAS LIMITED PARTNERSHIP PO BOX 520 ROSWELL, NM 88201	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. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS.

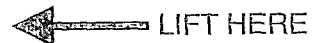


Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1459	A. Signature <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) WAGNER, ERIN	C. Date of Delivery SEP 1 2010
TRIGG OIL & GAS LIMITED PARTNERSHIP PO BOX 520 ROSWELL, NM 88201	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 #: 2202
 Article #: 71106605959000131459
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3





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(By Mail Only; No Insurance Coverage Provided)
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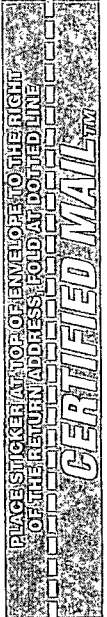
7110 6605 9590 0013 1466

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
 TRIGG OIL LLC
 4 MAIZE TR
 PLACITAS, NM 87043

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

Code: Allocation Project - D.Howell



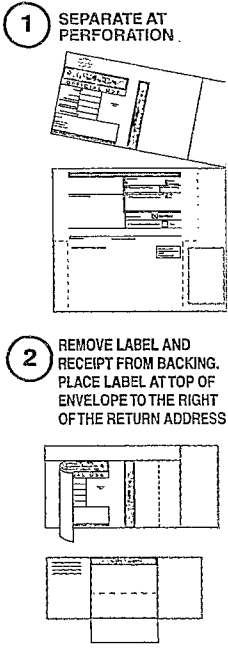
7110 6605 9590 0013 1466

TRIGG OIL LLC
 4 MAIZE TR
 PLACITAS, NM 87043

Batch #: 2202
 Article #: 71106605959000131466
 Date/Time: 8/31/2010 1:28:45 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 0013 1466	COMPLETE THIS SECTION ON DELIVERY	
	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name)
1. Article Addressed to: TRIGG OIL LLC 4 MAIZE TR PLACITAS, NM 87043	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		



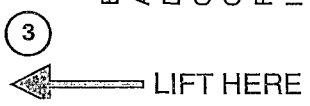
PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

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

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

Batch #: 2202
 Article #: 71106605959000131466
 Date/Time: 8/31/2010 1:28:46 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0013 1473

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 **TRISTAR GAS MARKETING COMPANY**
 8150 N CENTRAL EXPRESSWAY
 DALLAS, TX 75206

Form 3811, August 2006, PSN 7520-01-000-9000. 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 1473

TRISTAR GAS MARKETING COMPANY
 8150 N CENTRAL EXPRESSWAY
 DALLAS, TX 75206

Batch #: 2202
 Article #: 711066059590000131473
 Date/Time: 8/31/2010 1:28:46 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 0013 1473

1. Article Addressed to:

TRISTAR GAS MARKETING COMPANY
 8150 N CENTRAL EXPRESSWAY
 DALLAS, TX 75206

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

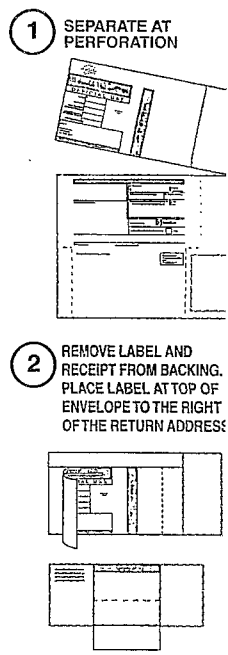
A. Signature Agent Addressee
X

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



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

3
 LIFT HERE

Batch #: 2202
 Article #: 711066059590000131473
 Date/Time: 8/31/2010 1:28:46 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



U.S. Postal Service
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7110 6605 9590 0013 1480

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

TROUT LIMITED PARTNERSHIP
 7500 S HWY 83
 SCOTT CITY, KS 67871

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1480

TROUT LIMITED PARTNERSHIP
 7500 S HWY 83
 SCOTT CITY, KS 67871

Batch #: 2202
 Article #: 71106605959000131480
 Date/Time: 8/31/2010 1:28:46 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 0013 1480

1. Article Addressed to:

TROUT LIMITED PARTNERSHIP
 7500 S HWY 83
 SCOTT CITY, KS 67871

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

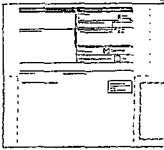
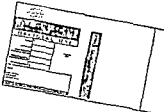
B. Received by (Printed Name) C. Date of Delivery

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

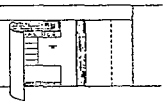
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

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-8 01/07

PS Form 3811

2. Article Number

7110 6605 9590 0013 1480

1. Article Addressed to:

TROUT LIMITED PARTNERSHIP
 7500 S HWY 83
 SCOTT CITY, KS 67871

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Melba Trout* Addressee

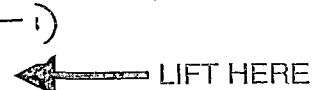
B. Received by (Printed Name) C. Date of Delivery
Melba Trout *9-7-10*

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 #: 2202
 Article #: 71106605959000131480
 Date/Time: 8/31/2010 1:28:46 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 0013 1497

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 \$ 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

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

Code: Allocation Project - D.Howell

7110 6605 9590 0013 1497

TRUST UW SUE C BERGERE
 PO BOX 788
 SANTA FE, NM 87501

Batch #: 2202
 Article #: 71106605959000131497
 Date/Time: 8/31/2010 1:28:46 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8111 01/07

2. Article Number

7110 6605 9590 0013 1497

1. Article Addressed to:

TRUST UW SUE C BERGERE
 PO BOX 788
 SANTA FE, NM 87501

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

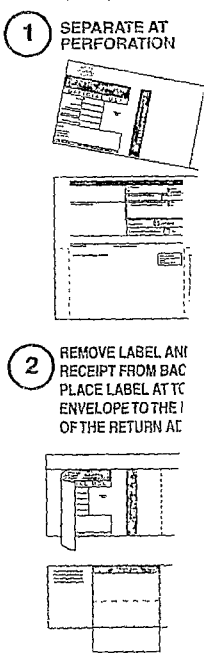
A. Signature Agent
X Addressee

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 0013 1497

1. Article Addressed to:

TRUST UW SUE C BERGERE
 PO BOX 788
 SANTA FE, NM 87501

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

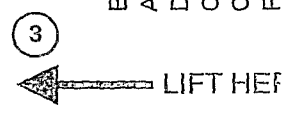
B. Received by (Printed Name) C. Date of Delivery

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 #: 2202
 Article #: 71106605959000131497
 Date/Time: 8/31/2010 1:28:46 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:





U.S. Postal Service
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For delivery information, visit our website at www.usps.com

7110 6605 9590 0013 1503

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

TRUST UWO VIRGINIE ISHAM FBO HENRY
2510 S SAINT PAUL ST
DENVER, CO 80210-6219

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1503

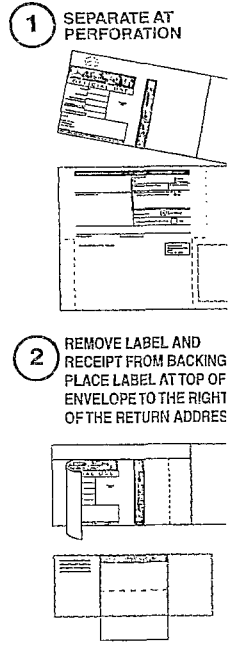
TRUST UWO VIRGINIE ISHAM FBO HENRY
2510 S SAINT PAUL ST
DENVER, CO 80210-6219

Batch #: 2202
 Article #: 71106605959000131503
 Date/Time: 8/31/2010 1:28:46 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3811, August 2006 See Reverse for Instructions

Reorder Form LCD-8 01/07

2. Article Number 7110 6605 9590 0013 1503		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: TRUST UWO VIRGINIE ISHAM FBO HENRY 2510 S SAINT PAUL ST DENVER, CO 80210-6219		A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell			



2. Article Number 7110 6605 9590 0013 1503		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: TRUST UWO VIRGINIE ISHAM FBO HENRY 2510 S SAINT PAUL ST DENVER, CO 80210-6219		A. Signature X <i>Pwira Isham</i>	<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			

Batch #: 2202
 Article #: 71106605959000131503
 Date/Time: 8/31/2010 1:28:46 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)
For more information visit our website at www.usps.com

7110 6605 9590 0013 1510

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
 TTB PROPERTIES LP
 1805 UTAH ST
 HOUSTON, TX 77007

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1510

TTB PROPERTIES LP
 1805 UTAH ST
 HOUSTON, TX 77007

Batch #: 2202
 Article #: 71106605959000131510
 Date/Time: 8/31/2010 1:28:46 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 0013 1510

1. Article Addressed to:

TTB PROPERTIES LP
 1805 UTAH ST
 HOUSTON, TX 77007

Code: Allocation Project - D.Howell

PS Form 3811

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

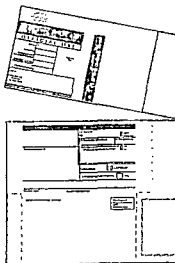
B. Received by (Printed Name) C. Date of Delivery

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

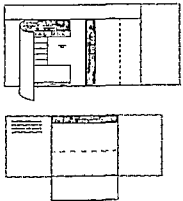
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

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 0013 1510

1. Article Addressed to:

TTB PROPERTIES LP
 1805 UTAH ST
 HOUSTON, TX 77007

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

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 #: 2202
 Article #: 71106605959000131510
 Date/Time: 8/31/2010 1:28:46 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3





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

7110 6605 9590 0013 1527

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

TUW MARY E BROWN WILL
 1857 55TH AVE
 ALEDO, IL 61231-8610

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



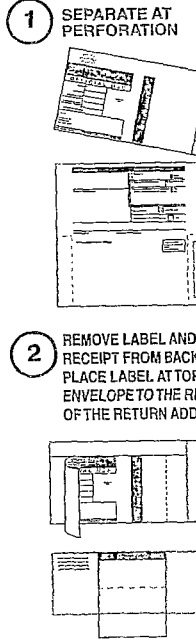
7110 6605 9590 0013 1527

TUW MARY E BROWN WILL
 1857 55TH AVE
 ALEDO, IL 61231-8610

Batch #: 2202
 Article #: 71106605959000131527
 Date/Time: 8/31/2010 1:28:46 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1527	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
TUW MARY E BROWN WILL 1857 55TH AVE ALEDO, IL 61231-8610		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1527	A. Signature <input type="checkbox"/> Agent X Rachel Brown <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) Rachel Brown	C. Date of Delivery 9-7-10
TUW MARY E BROWN WILL 1857 55TH AVE ALEDO, IL 61231-8610	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 #: 2202
 Article #: 71106605959000131527
 Date/Time: 8/31/2010 1:28:46 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

