



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 1541

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

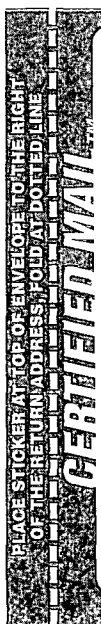
ent To

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

V A JOHNSTON LTD
PO BOX 825
RALLS, TX 79357

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1541

V A JOHNSTON LTD
PO BOX 825
RALLS, TX 79357

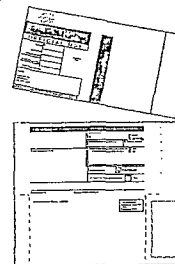
Batch #: 2202
Article #: 71106605959000131541
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 v. 01/07

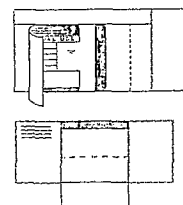
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1541	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
V A JOHNSTON LTD PO BOX 825 RALLS, TX 79357	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1541	A. Signature X <i>David H. Prewitt</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery David H. Prewitt 9-9-10
V A JOHNSTON LTD PO BOX 825 RALLS, TX 79357	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 #: 71106605959000131541
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

← LIFT HERE



7110 6605 9590 0013 1558

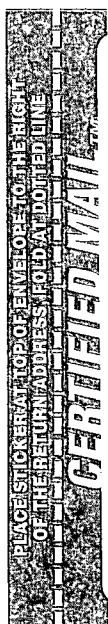
Postage	\$		Postmark Here
Certified Fee	\$1.05		
Return Receipt Fee (endorsement Required)	\$2.80		
Restricted Delivery Fee (endorsement Required)	\$2.30		
	\$0.00		
Total Postage & Fees	\$	\$6.15	

Sent To

Street, Apt. No.,
PO Box No.
City, State, Zip+4V V LOBATO TRUST
1151 N NEWBY LN
BLOOMFIELD, NM 87413

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell

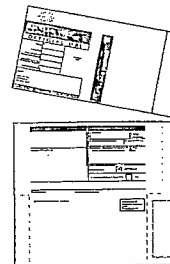


7110 6605 9590 0013 1558

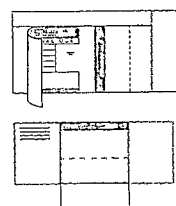
V V LOBATO TRUST
1151 N NEWBY LN
BLOOMFIELD, NM 87413Batch #: 2202
Article #: 71106605959000131558
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1558	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
V V LOBATO TRUST 1151 N NEWBY LN BLOOMFIELD, NM 87413	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1558	A. Signature X <i>Monica Sorrels</i> ☒ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>Monica Sorrels</i>	C. Date of Delivery <i>9-20-10</i>
V V LOBATO TRUST 1151 N NEWBY LN BLOOMFIELD, NM 87413	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 #: 71106605959000131558
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

LIFT HERE



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 1565

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

sent To

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

VALERIE HUNDLEY
PO BOX 81242
CORPUS CHRISTI, TX 78468

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1565

VALERIE HUNDLEY
PO BOX 81242
CORPUS CHRISTI, TX 78468

Batch #: 2202
Article #: 71106605959000131565
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

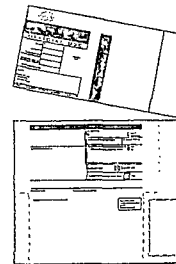
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1565	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
VALERIE HUNDLEY PO BOX 81242 CORPUS CHRISTI, TX 78468	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

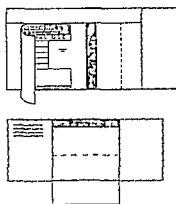
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1565	A. Signature X Valerie Hundley ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery Valerie Hundley 9/13/10
VALERIE HUNDLEY PO BOX 81242 CORPUS CHRISTI, TX 78468	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



Batch #: 2202
Article #: 71106605959000131565
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic 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	

Postage To
Return Receipt, Apt. No.,
Post Office Box No.,
City, State, Zip+4

VAUGHAN-MCELVAIN ENERGY INC
P O BOX 970
KENNETT SQUARE, PA 19348

Code: Allocation Project - D.Howell

Form 3800, August 2006 Edition, See Reverse for Instructions

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

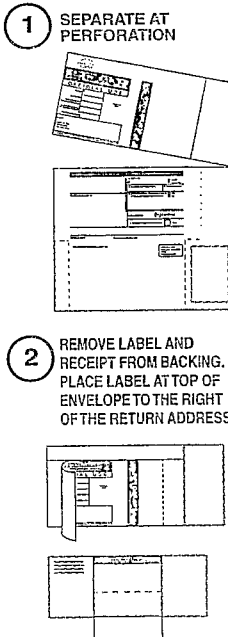
7110 6605 9590 0013 1572

VAUGHAN-MCELVAIN ENERGY INC
P O BOX 970
KENNETT SQUARE, PA 19348

Batch #: 2202
Article #: 71106605959000131572
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 1572	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. Article Addressed to: VAUGHAN-MCELVAIN ENERGY INC P O BOX 970 KENNETT SQUARE, PA 19348 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0013 1572	COMPLETE THIS SECTION ON DELIVERY A. Signature X Tracey Firth ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery Tracey Firth 9/15/10 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
1. Article Addressed to: VAUGHAN-MCELVAIN ENERGY INC P O BOX 970 KENNETT SQUARE, PA 19348 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131572
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)
7110 6605 9590 0013 1589

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

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

VERDIA L MCGUIRE
PO BOX 971
CANON CITY, CO 81212

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1589

VERDIA L MCGUIRE
PO BOX 971
CANON CITY, CO 81212

Batch #: 2202
Article #: 71106605959000131589
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 1589

1. Article Addressed to:

VERDIA L MCGUIRE
PO BOX 971
CANON CITY, CO 81212

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

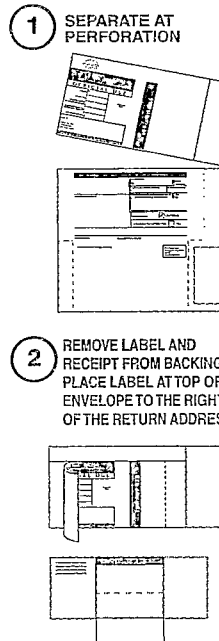
A. Signature ☐ Agent
X ☐ Addressee

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



Article Number

7110 6605 9590 0013 1589

1. Article Addressed to:

VERDIA L MCGUIRE
PO BOX 971
CANON CITY, CO 81212

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Verdia McGuire 9-7-2010

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 #: 71106605959000131589
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



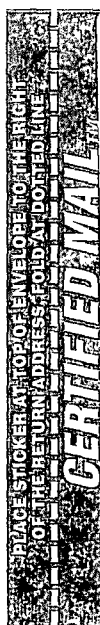
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
Tracking Number: 7110 6605 9590 0013 1596

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

VEVA GENE GIBBARD
PO BOX 436
SULPHUR, OK 73086

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1596

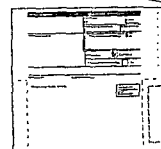
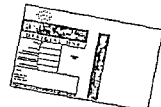
VEVA GENE GIBBARD
PO BOX 436
SULPHUR, OK 73086

Batch #: 2202
Article #: 71106605959000131596
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

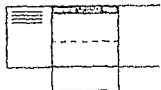
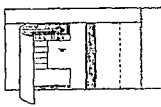
Form 3800, August 2006 See Reverse for Instructions

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1596	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
VEVA GENE GIBBARD PO BOX 436 SULPHUR, OK 73086	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1596	A. Signature ☐ Agent X ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
VEVA GENE GIBBARD PO BOX 436 SULPHUR, OK 73086	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 71106605959000131596
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Philips

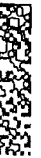
7110 6605 95900013 4054

KL
K8
9/8/10

VICKIE CHRISTENSEN

Handwritten signature

45



000655/58/ SEP 15 2010
MAILED FROM ZIP CODE 87402



7110 6605 9590 0013 4054

Postage	\$		Postmark Here
		\$0.44	
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
street, Apt. No.;
r PO Box No.
ity, State, Zip+4

VICKIE CHRISTENSEN
39469 CARDIFF AVE
MURRIETA, CA 92563

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 4054

VICKIE CHRISTENSEN
39469 CARDIFF AVE
MURRIETA, CA 92563

Batch #: 2273
Article #: 71106605959000134054
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 4054		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
VICKIE CHRISTENSEN 39469 CARDIFF AVE MURRIETA, CA 92563		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

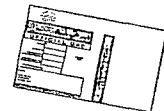
Lisa Hunter, Land Department
SJBUC ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2273
Article #: 71106605959000134054
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

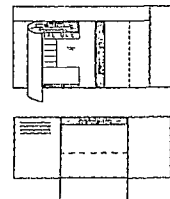
3

LIFT HERE

1 SEPARATE AT PERFORATION



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





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

VIRGINIA F ZOBECK TRUST DTD 9 1 200
PO BOX 53186
LUBBOCK, TX 79453

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1602

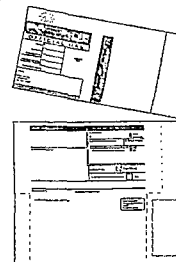
VIRGINIA F ZOBECK TRUST DTD 9 1 200
PO BOX 53186
LUBBOCK, TX 79453

Batch #: 2202
Article #: 71106605959000131602
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

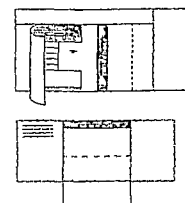
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0013 1602	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. Article Addressed to: VIRGINIA F ZOBECK TRUST DTD 9 1 200 PO BOX 53186 LUBBOCK, TX 79453 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0013 1602	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Virginia F Zobeck</i> ☐ 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. Article Addressed to: VIRGINIA F ZOBECK TRUST DTD 9 1 200 PO BOX 53186 LUBBOCK, TX 79453 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131602
Date/Time: 8/31/2010 1:28:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0013 1619

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.
ity, State, Zip+4

VIRGINIA GRIFFIN NEW
6910 HEARTHSIDE DR
SUGARLAND, TX 77479

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1619

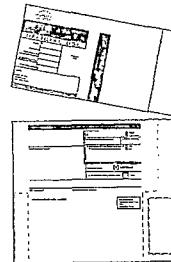
VIRGINIA GRIFFIN NEW
6910 HEARTHSIDE DR
SUGARLAND, TX 77479

Batch #: 2202
Article #: 71106605959000131619
Date/Time: 8/31/2010 1:28:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

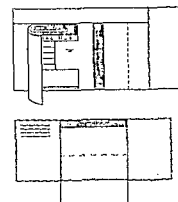
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0013 1619	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. Article Addressed to: VIRGINIA GRIFFIN NEW 6910 HEARTHSIDE DR SUGARLAND, TX 77479 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0013 1619	COMPLETE THIS SECTION ON DELIVERY A. Signature X <u>Kenny New</u> ☐ Agent ☐ Addressee B. Received by (Printed Name) <u>Kenny New</u> C. Date of Delivery <u>9/7/10</u> 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. Article Addressed to: VIRGINIA GRIFFIN NEW 6910 HEARTHSIDE DR SUGARLAND, TX 77479 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131619
Date/Time: 8/31/2010 1:28:47 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	

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

VIRGINIA HUGGINS
330 SUMMIT DR
ROUND MOUNTAIN, TX 78663

Form 3800, August 2005, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1626

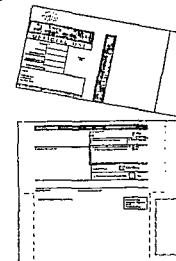
VIRGINIA HUGGINS
330 SUMMIT DR
ROUND MOUNTAIN, TX 78663

Batch #: 2202
Article #: 71106605959000131626
Date/Time: 8/31/2010 1:28:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

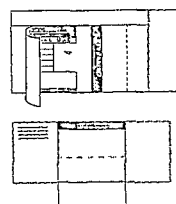
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0013 1626	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. Article Addressed to: VIRGINIA HUGGINS 330 SUMMIT DR ROUND MOUNTAIN, TX 78663 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0013 1626	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. Article Addressed to: VIRGINIA HUGGINS 330 SUMMIT DR ROUND MOUNTAIN, TX 78663 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131626
Date/Time: 8/31/2010 1:28:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
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(E-Mail Only, No Insurance Coverage Provided)
7110 6605 9590 0013 1633

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.
ity, State, Zip+4

VIRGINIA K EGGLESTON TRUST
UDO 6-12-97, VIGINIA EGGLESTON TRUS
4 TIMOTHY CT
NOVATO, CA 94949

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1633

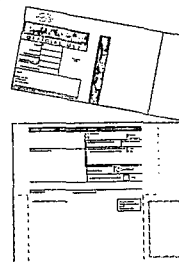
VIRGINIA K EGGLESTON TRUST
UDO 6-12-97, VIGINIA EGGLESTON TRUS
4 TIMOTHY CT
NOVATO, CA 94949

Batch #: 2202
Article #: 71106605959000131633
Date/Time: 8/31/2010 1:28:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

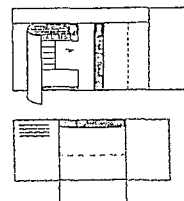
Reorder Form LCD-81 01/07

2. Article Number 7110 6605 9590 0013 1633	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. Article Addressed to: VIRGINIA K EGGLESTON TRUST UDO 6-12-97, VIGINIA EGGLESTON TRUS 4 TIMOTHY CT NOVATO, CA 94949 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0013 1633	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Virginia Eggleston</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery <i>VIRGINIA EGGLESTON</i> <i>9/7/10</i> 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. Article Addressed to: VIRGINIA K EGGLESTON TRUST UDO 6-12-97, VIGINIA EGGLESTON TRUS 4 TIMOTHY CT NOVATO, CA 94949 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131633
Date/Time: 8/31/2010 1:28:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(No Mail Only; No Insurance Coverage Provided)
For Information Only: This receipt is not valid for return to the sender.
7110 6605 9590 0013 1640

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.
ity, State, Zip+4

VIRGINIA M MARTINEZ
PO BOX 451
DULCE, NM 87528

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1640

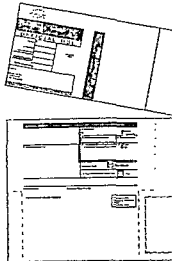
VIRGINIA M MARTINEZ
PO BOX 451
DULCE, NM 87528

Batch #: 2202
Article #: 71106605959000131640
Date/Time: 8/31/2010 1:28:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

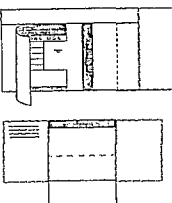
Reorder Form LCD-8 01/07

2: Article Number 7110 6605 9590 0013 1640	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. Article Addressed to: VIRGINIA M MARTINEZ PO BOX 451 DULCE, NM 87528	
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2: Article Number 7110 6605 9590 0013 1640	COMPLETE THIS SECTION ON DELIVERY A. Signature ☐ Agent X Margaret Salazar ☐ Addressee B. Received by (Printed Name) C. Date of Delivery Margaret Salazar 9/03/10 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
1. Article Addressed to: VIRGINIA M MARTINEZ PO BOX 451 DULCE, NM 87528	
Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131640
Date/Time: 8/31/2010 1:28:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 1657

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

VIRGINIA M. GORET
1004 MARY PLACE
SOCORRO, NM 87801

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

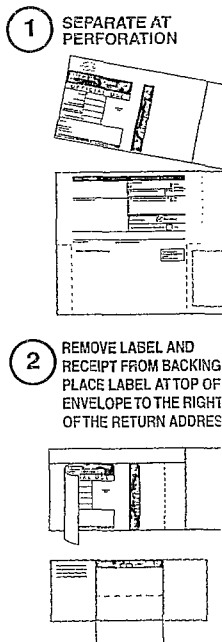


7110 6605 9590 0013 1657

VIRGINIA M. GORET
1004 MARY PLACE
SOCORRO, NM 87801

Batch #: 2202
Article #: 71106605959000131657
Date/Time: 8/31/2010 1:28:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0013 1657	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. Article Addressed to: VIRGINIA M. GORET 1004 MARY PLACE SOCORRO, NM 87801 Code: Allocation Project - D.Howell	



PS Form 3811 Domestic Return Receipt

2. Article Number 7110 6605 9590 0013 1657	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Virginia M. Goret</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) <i>09/03/10</i> 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. Article Addressed to: VIRGINIA M. GORET 1004 MARY PLACE SOCORRO, NM 87801 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131657
Date/Time: 8/31/2010 1:28:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 1664

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

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

VIRGINIA MOMSEN GRADY
70 W 85TH
NEW YORK, NY

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1664

VIRGINIA MOMSEN GRADY
70 W 85TH
NEW YORK, NY

Batch #: 2202
Article #: 71106605959000131664
Date/Time: 8/31/2010 1:28:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0013 1664	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. Article Addressed to: VIRGINIA MOMSEN GRADY 70 W 85TH NEW YORK, NY 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

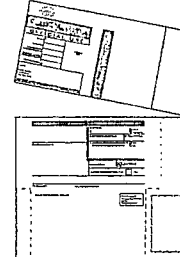
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2202
Article #: 71106605959000131664
Date/Time: 8/31/2010 1:28:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

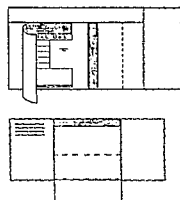
3

LIFT HERE

1 SEPARATE AT PERFORATION



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





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7110 6605 9590 0013 1671

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

Postage To: VIRGINIA O HATFIELD NM 2005 LIVING
14232 MARSH LN, APT. 330
ADDISON, TX 75001

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



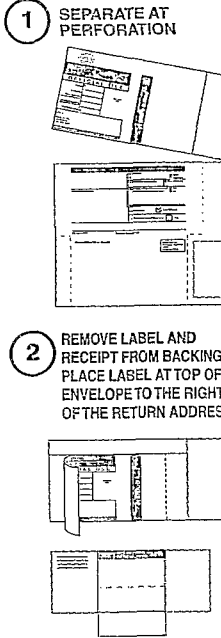
7110 6605 9590 0013 1671

VIRGINIA O HATFIELD NM 2005 LIVING
14232 MARSH LN, APT. 330
ADDISON, TX 75001

Batch #: 2202
Article #: 71106605959000131671
Date/Time: 8/31/2010 1:28:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8-01/07

2. Article Number 7110 6605 9590 0013 1671	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. Article Addressed to: VIRGINIA O HATFIELD NM 2005 LIVING 14232 MARSH LN, APT. 330 ADDISON, TX 75001 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0013 1671	COMPLETE THIS SECTION ON DELIVERY A. Signature ☐ Agent X ☒ Addressee B. Received by (Printed Name) C. Date of Delivery M. WINSTEAD 09-04-10 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
1. Article Addressed to: VIRGINIA O HATFIELD NM 2005 LIVING 14232 MARSH LN, APT. 330 ADDISON, TX 75001 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131671
Date/Time: 8/31/2010 1:28:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0013 1688

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

VIRGINIA THOMPSON CREPS TRUST
523 MARSHALL DR
WEST CHESTER, PA 19380-2361

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1688

VIRGINIA THOMPSON CREPS TRUST
523 MARSHALL DR
WEST CHESTER, PA 19380-2361

Batch #: 2202
Article #: 71106605959000131688
Date/Time: 8/31/2010 1:28:47 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 1688

1. Article Addressed to:

VIRGINIA THOMPSON CREPS TRUST
523 MARSHALL DR
WEST CHESTER, PA 19380-2361

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

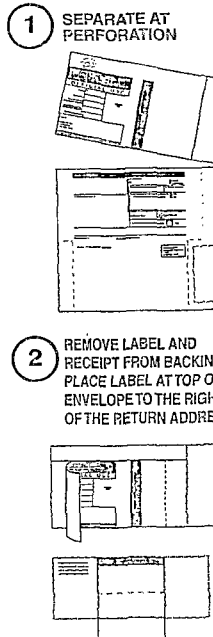
A. Signature ☒ Agent ☐ Addressee
X

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 1688

1. Article Addressed to:

VIRGINIA THOMPSON CREPS TRUST
523 MARSHALL DR
WEST CHESTER, PA 19380-2361

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 #: 71106605959000131688
Date/Time: 8/31/2010 1:28:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #: