



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 1541

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

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 PS 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 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1541

1. Article Addressed to:

V A JOHNSTON LTD
PO BOX 825
RALLS, TX 79357

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



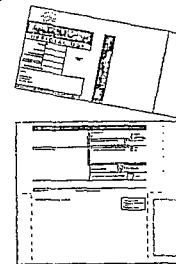
Certified

4. Restricted Delivery? (Extra Fee)

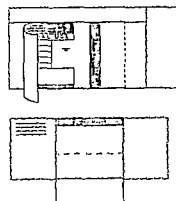
☐

Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0013 1541

1. Article Addressed to:

V A JOHNSTON LTD
PO BOX 825
RALLS, TX 79357

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

3

Batch #: 2202
Article #: 71106605959000131541
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 1558

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

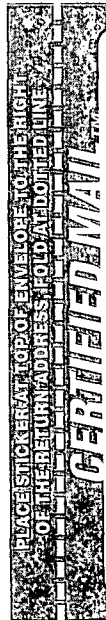
ent To

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

V V LOBATO TRUST
1151 N NEWBY LN
BLOOMFIELD, NM 87413

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1558

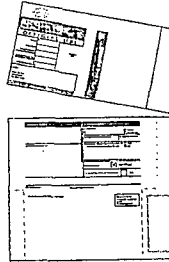
V V LOBATO TRUST
1151 N NEWBY LN
BLOOMFIELD, NM 87413

Batch #: 2202
Article #: 71106605959000131558
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

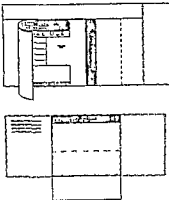
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 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
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 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) C. Date of Delivery <i>Monica Sorrels</i> 9-20-10
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
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 71106605959000131558
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 1565

Postage	\$		Postmark Here
	\$1.05		
Certified Fee			
Return Receipt Fee (endorsement Required)	\$2.80		
	\$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

VALERIE HUNDLEY
PO BOX 81242
CORPUS CHRISTI, TX 78468

Form 3800, August 2005 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 7110 6605 9590 0013 1565	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:

VALERIE HUNDLEY
PO BOX 81242
CORPUS CHRISTI, TX 78468

Code: Allocation Project - D.Howell

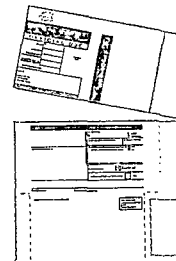
2. Article Number 7110 6605 9590 0013 1565	COMPLETE THIS SECTION ON DELIVERY A. Signature X Valerie Hundley ☐ Agent ☐ Addressee B. Received by (Printed Name) Valerie Hundley C. Date of Delivery 9/13/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service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

1. Article Addressed to:

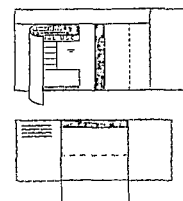
VALERIE HUNDLEY
PO BOX 81242
CORPUS CHRISTI, TX 78468

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



3

LIFT HERE

Batch #: 2202
Article #: 71106605959000131565
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)

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.
ty, State, Zip+4

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

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

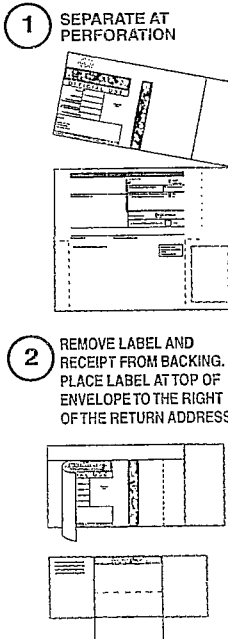
7110 6605 9590 0013 1572

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
(U.S. 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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1589

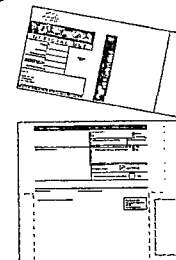
VERDIA L MCGUIRE
PO BOX 971
CANON CITY, CO 81212

Batch #: 2202
Article #: 71106605959000131589
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

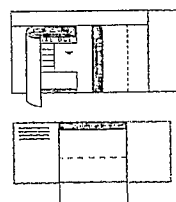
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0013 1589	COMPLETE THIS SECTION ON DELIVERY A. Signature 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
1. Article Addressed to: VERDIA L MCGUIRE PO BOX 971 CANON CITY, CO 81212	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



Article Number 7110 6605 9590 0013 1589	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Verdia McGuire</i> B. Received by (Printed Name) <i>Verdia McGuire</i> C. Date of Delivery <i>9-7-2010</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: VERDIA L MCGUIRE PO BOX 971 CANON CITY, CO 81212	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131589
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)
Postage \$1.05
Certified Fee \$2.80
Return Receipt Fee (Indorsement Required) \$2.30
Restricted Delivery Fee (Indorsement Required) \$0.00
Total Postage & Fees \$6.15

Postmark Here

Code: Allocation Project - D.Howell

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

VEVA GENE GIBBARD
PO BOX 436
SULPHUR, OK 73086

Form 3800, August 2005 See Reverse for Instructions



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 #:

Reorder Form LCD-81 01/07

2. Article Number
7110 6605 9590 0013 1596

1. Article Addressed to:
VEVA GENE GIBBARD
PO BOX 436
SULPHUR, OK 73086

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

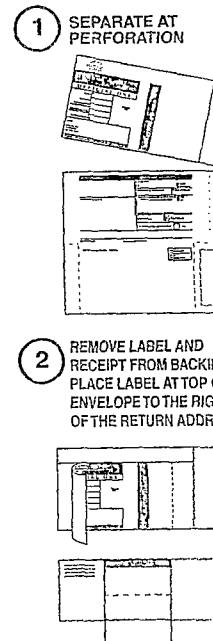
A. Signature
X ☐ Agent ☐ Addressee

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 1596

1. Article Addressed to:
VEVA GENE GIBBARD
PO BOX 436
SULPHUR, OK 73086

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ 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

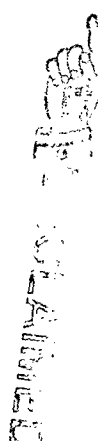
4. Restricted Delivery? (Extra Fee) ☐ Yes

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

1590 0013 4054

Handwritten signature
9/2/10

VICKIE CHRISTENSEN



45

000651581 SEP 15 2010
MAILED FROM ZIP CODE 872



7110 6605 9590 0013 4054

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
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

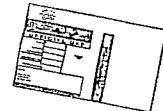
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

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

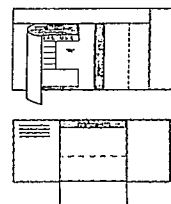
3

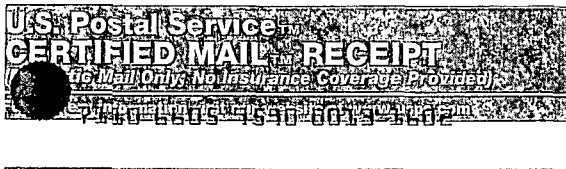
LIFT HERE

1 SEPARATE AT PERFORATION



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





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.
ty, 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

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

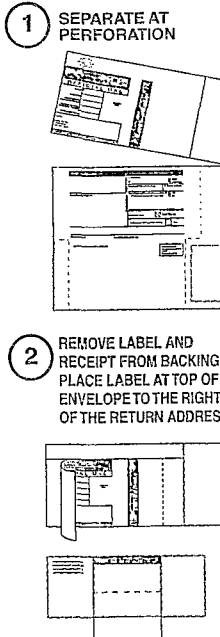
A. Signature ☐ Agent ☒ Addressee
X

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 1602

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X Virginia F Zobeck

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 #: 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
(Certified 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

1. Article Addressed to:

VIRGINIA GRIFFIN NEW
6910 HEARTHSIDE DR
SUGARLAND, TX 77479

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

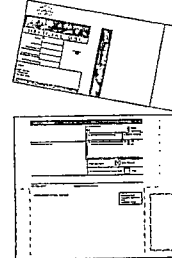
B. Received by (Printed Name) C. Date of Delivery

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

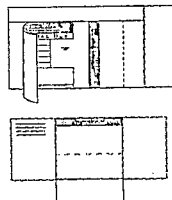
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

1. Article Addressed to:

VIRGINIA GRIFFIN NEW
6910 HEARTHSIDE DR
SUGARLAND, TX 77479

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X **Kenny New** ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Kenny New **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 #: 71106605959000131619
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
(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	

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

VIRGINIA HUGGINS
330 SUMMIT DR
ROUND MOUNTAIN, TX 78663

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1626

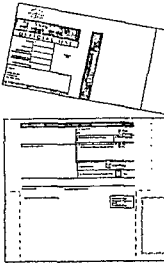
VIRGINIA HUGGINS
330 SUMMIT DR
ROUND MOUNTAIN, TX 78663

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

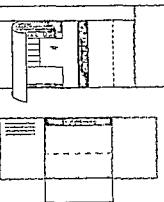
Reorder Form LCD-8 Rev. 01/07

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 1. Article Addressed to: VIRGINIA HUGGINS 330 SUMMIT DR ROUND MOUNTAIN, TX 78663 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 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 <i>Mike Jones</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Mike Jones</i> C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 1. Article Addressed to: VIRGINIA HUGGINS 330 SUMMIT DR ROUND MOUNTAIN, TX 78663 Code: Allocation Project - D.Howell 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

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



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

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

Form 3800, August 2006 - See Reverse for Instructions



7110 6605 9590 0013 1633

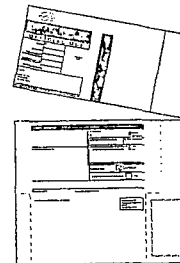
VIRGINIA K EGGLESTON TRUST
UDO 6-12-97, VIRGINIA EGGLESTON TRUS
4 TIMOTHY CT
NOVATO, CA 94949

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

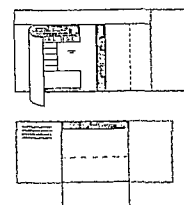
Reorder Form LCD-811, 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1633	A. Signature ☒ Agent ☒ Addressee X
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
VIRGINIA K EGGLESTON TRUST UDO 6-12-97, VIRGINIA EGGLESTON TRUS 4 TIMOTHY CT NOVATO, CA 94949	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 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 1633	A. Signature ☐ Agent ☒ Addressee X Virginia Eggleston
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery VIRGINIA EGGLESTON 9/7/10
VIRGINIA K EGGLESTON TRUST UDO 6-12-97, VIRGINIA EGGLESTON TRUS 4 TIMOTHY CT NOVATO, CA 94949	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 #: 71106605959000131633
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
(Certified 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	

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

VIRGINIA M MARTINEZ
PO BOX 451
DULCE, NM 87528

Code: Allocation Project - D.Howell

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 1640

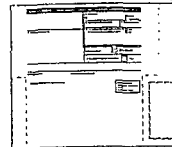
VIRGINIA M MARTINEZ
PO BOX 451
DULCE, NM 87528

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

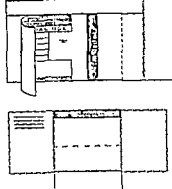
Reorder Form LCD-8 01/07

2. Article Number 7110 6605 9590 0013 1640	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. 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 X Margaret Salazar ☒ Agent 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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For information visit our website at www.usps.com
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	

Send 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

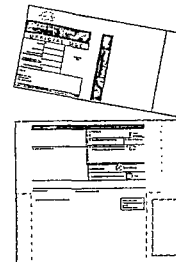
VIRGINIA M. GORET
1004 MARY PLACE
SOCORRO, NM 87801

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

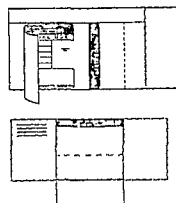
Reorder Form LCD-8 v. 01/07

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	

1 SEPARATE AT PERFORATION



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



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	

Send To
Attention, 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

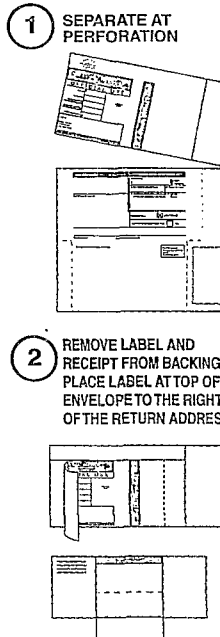


7110 6605 9590 0013 1664

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	

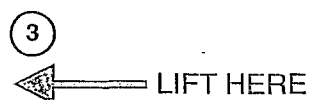


PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

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

Lisa Hunter, Land Department
SJBU ConocoPhillips
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 #:



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 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
Postmark Here

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

Form 3800, August 2006. See Reverse for Instructions



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 #:

2. Article Number

7110 6605 9590 0013 1671

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

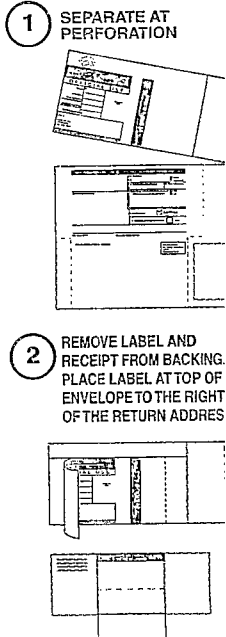
A. Signature ☐ Agent
X ☐ Addressee

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 1671

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☒ Addressee

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

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	

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

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

Form 3800, August 2005, PSN 7530-01-000-9000 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
X ☐ Agent
☐ Addressee

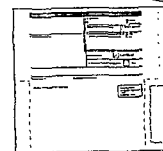
B. Received by (Printed Name) C. Date of Delivery

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

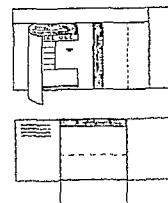
3. Service Type ☒ Certified

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

