



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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7110 6605 9590 0012 5113

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

sent To

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

M ROBERT THOMPSON
15 IVY STREET
DENVER, CO 80220-5844

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5113

M ROBERT THOMPSON
15 IVY STREET
DENVER, CO 80220-5844

Batch #: 2193
Article #: 71106605959000125113
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5113	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
M ROBERT THOMPSON 15 IVY STREET DENVER, CO 80220-5844	D. Is 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

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5113	A. Signature ☐ Agent <i>[Signature]</i> ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
M ROBERT THOMPSON 15 IVY STREET DENVER, CO 80220-5844	D. Is 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

1 SEPARATE AT PERFORATION

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

Batch #: 2193
Article #: 71106605959000125113
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

11 FT HERE



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7110 6605 9590 0013 3750

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 **M THOMAS LAYLAND**
PO BOX 556

WAVELAND, MS 39576

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

Form 3811, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3750

M THOMAS LAYLAND
PO BOX 556
WAVELAND, MS 39576

Batch #: 2273
Article #: 71106605959000133750
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 3750

1. Article Addressed to:

M THOMAS LAYLAND
PO BOX 556

WAVELAND, MS 39576

COMPLETE THIS SECTION ON DELIVERY

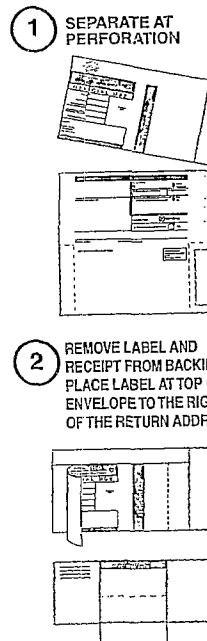
A. Signature ☒ Agent ☐ Addressee
X

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 3750

1. Article Addressed to:

M THOMAS LAYLAND
PO BOX 556

WAVELAND, MS 39576

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X

B. Received by (Printed Name) C. Date of Delivery
M T LAYLAND **10-4-10**

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2273
Article #: 71106605959000133750
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
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7110 6605 9590 0012 5137

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

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

MABEL GLENN HAM REVOC TRUST
C/O KATHLYN NORA BLACK, TRUSTEE
PO BOX 15040
SANTA FE, NM 87506

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0012 5137

MABEL GLENN HAM REVOC TRUST
C/O KATHLYN NORA BLACK, TRUSTEE
PO BOX 15040
SANTA FE, NM 87506

Batch #: 2193
Article #: 7110605959000125137
Date/Time: 8/31/2010 12:27:43 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 0012 5137	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MABEL GLENN HAM REVOC TRUST C/O KATHLYN NORA BLACK, TRUSTEE PO BOX 15040 SANTA FE, NM 87506	D. Is 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

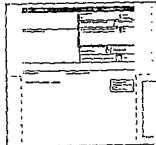
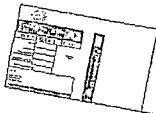
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5137	A. Signature X <i>Linda Black</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>LAKY BLACK</i>	C. Date of Delivery
MABEL GLENN HAM REVOC TRUST C/O KATHLYN NORA BLACK, TRUSTEE PO BOX 15040 SANTA FE, NM 87506	D. Is 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

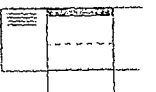
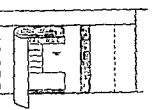
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



Batch #: 2193
Article #: 7110605959000125137
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:

3

11 FT HERE



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7110 6605 9590 0012 5144

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

sent To

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

MABEL OTSTOT & COMPANY
2420 W 107TH DR
WESTMINISTER, CO 80234-3160

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5144

MABEL OTSTOT & COMPANY
2420 W 107TH DR
WESTMINISTER, CO 80234-3160

Batch #: 2193
Article #: 71106605959000125144
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5144	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MABEL OTSTOT & COMPANY 2420 W 107TH DR WESTMINISTER, CO 80234-3160	D. Is 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

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5144	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MABEL OTSTOT & COMPANY 2420 W 107TH DR WESTMINISTER, CO 80234-3160	D. Is 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

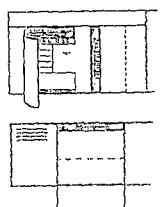
3

Batch #: 2193
Article #: 71106605959000125144
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

1 SEPARATE AT PERFORATION



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



LIFT HERE



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7110 6605 9590 0012 5151

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

MABELLE H SOWERS
5026 AUGUSTA CIR
COLLEGE STATION, TX 77845-8983

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5151

MABELLE H SOWERS
5026 AUGUSTA CIR
COLLEGE STATION, TX 77845-8983

Batch #: 2193
Article #: 71106605959000125151
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5151	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MABELLE H SOWERS 5026 AUGUSTA CIR COLLEGE STATION, TX 77845-8983	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

PS Form 3811

Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5151	A. Signature X <i>Belle Brownhall</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Belle Brownhall</i> <i>9/4/10</i>
MABELLE H SOWERS 5026 AUGUSTA CIR COLLEGE STATION, TX 77845-8983	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

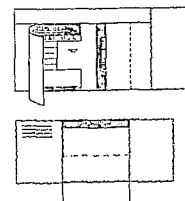
PS Form 3811

Domestic Return Receipt

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 #: 2193
Article #: 71106605959000125151
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

11 OCT 2010



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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Information on our website at www.usps.com

7110 6605 9590 0012 5168

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	

Post To
MACK H WOOLDRIDGE
PO BOX 3217
ALBANY, TX 76430

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5168

MACK H WOOLDRIDGE
PO BOX 3217
ALBANY, TX 76430

Batch #: 2193
Article #: 71106605959000125168
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 3800 rev. 01/07

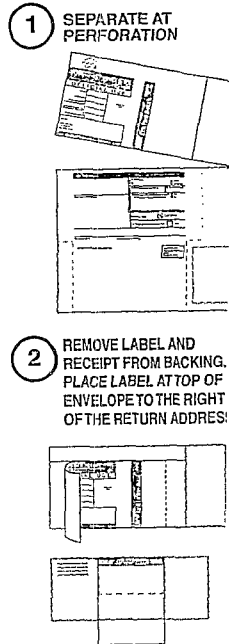
2. Article Number 7110 6605 9590 0012 5168	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

2. Article Number 7110 6605 9590 0012 5168	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery KEN LAWRENCE 9-4-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

Code: Allocation Project - D.Howell



Batch #: 2193
Article #: 71106605959000125168
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



7110 6605 9590 0012 5175

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	

Post To

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

MACLONDON ENERGY LP
PO BOX 14230
ODESSA, TX 79768

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5175

MACLONDON ENERGY LP
PO BOX 14230
ODESSA, TX 79768

Batch #: 2193
Article #: 71106605959000125175
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-11 Rev. 01/07

2. Article Number 7110 6605 9590 0012 5175	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:

MACLONDON ENERGY LP
PO BOX 14230
ODESSA, TX 79768

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

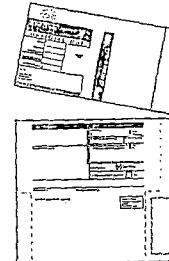
2. Article Number 7110 6605 9590 0012 5175	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Erica Rodriguez</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Erica Rodriguez</i> C. Date of Delivery <i>SEP 10 2010</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	--

1. Article Addressed to:

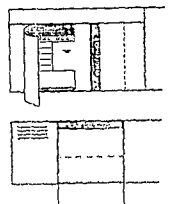
MACLONDON ENERGY LP
PO BOX 14230
ODESSA, TX 79768

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



3

Batch #: 2193
Article #: 71106605959000125175
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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7110 6605 9590 0013 3040

Postage	\$		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		

ant To
MADALYN JOY JOHNSON
PO BOX 7371

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

TAHOE CITY, CA 96145

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3040

MADALYN JOY JOHNSON
PO BOX 7371

TAHOE CITY, CA 96145

Batch #: 2269
Article #: 71106605959000133040
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 3040

1. Article Addressed to:

MADALYN JOY JOHNSON
PO BOX 7371

TAHOE CITY, CA 96145

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 3040

1. Article Addressed to:

MADALYN JOY JOHNSON
PO BOX 7371

TAHOE CITY, CA 96145

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

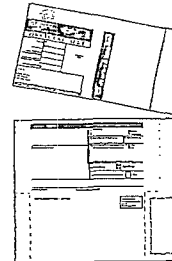
3. Service Type

☒ Certified

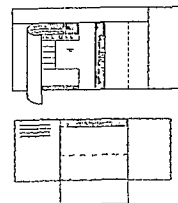
4. Restricted Delivery? (Extra Fee)

☐ 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



3

Batch #: 2269
Article #: 71106605959000133040
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0013 3057

Postage	\$		
	\$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 MAE GERSBACH
52 RD 6050
Farmington, NM 87401

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3057

MAE GERSBACH
52 RD 6050
FARMINGTON, NM 87401

Batch #: 2269
Article #: 71106605959000133057
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 3057	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MAE GERSBACH 52 RD 6050 FARMINGTON, NM 87401	D. Is 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

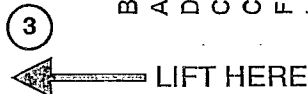
UNITED STATES POSTAL SERVICE



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

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

Batch #: 2269
Article #: 71106605959000133057
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
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7110 6605 9590 0013 3064

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

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

MAHONEY HOLDINGS LLC
7675 W 14TH AVE
STE #102
LAKEWOOD, CO 80214

Form 3800, August 2006 See Reverse for Instructions

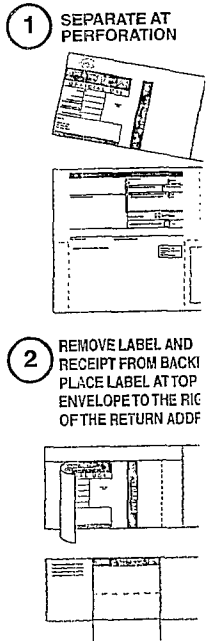


7110 6605 9590 0013 3064

MAHONEY HOLDINGS LLC
7675 W 14TH AVE
STE #102
LAKEWOOD, CO 80214

Batch #: 2269
Article #: 71106605959000133064
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 3064	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MAHONEY HOLDINGS LLC 7675 W 14TH AVE STE #102 LAKEWOOD, CO 80214	D. Is 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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3064	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MAHONEY HOLDINGS LLC 7675 W 14TH AVE STE #102 LAKEWOOD, CO 80214	T-S. INFANTINO 09/17/2010
	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 #: 2269
Article #: 71106605959000133064
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:



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7110 6605 9590 0013 3767

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

MALCOLM EDWARD SMITH JR
6720 SUMMER MEADOW LN
DALLAS, TX 75252

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

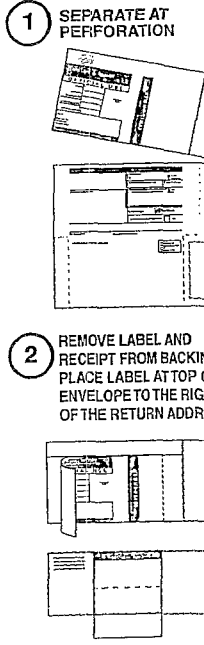
CERTIFIED MAIL™

7110 6605 9590 0013 3767

MALCOLM EDWARD SMITH JR
6720 SUMMER MEADOW LN
DALLAS, TX 75252

Batch #: 2273
Article #: 71106605959000133767
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3767	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MALCOLM EDWARD SMITH JR 6720 SUMMER MEADOW LN DALLAS, TX 75252	D. Is 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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3767	A. Signature X <i>James Smith</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MALCOLM EDWARD SMITH JR 6720 SUMMER MEADOW LN DALLAS, TX 75252	D. Is 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 #: 71106605959000133767
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-001 rev. 01/07



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7110 6605 9590 0012 5182

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	

Ant To

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

MALONE FAMILY TRUST
607 FAIRWAY DRIVE
REDLANDS, CA 92373

Form 3800, August 2005. See reverse for instructions.

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5182

MALONE FAMILY TRUST
607 FAIRWAY DRIVE
REDLANDS, CA 92373

Batch #: 2193
Article #: 71106605959000125182
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0012 5182	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: MALONE FAMILY TRUST 607 FAIRWAY DRIVE REDLANDS, CA 92373	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

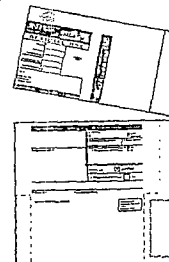
2. Article Number 7110 6605 9590 0012 5182	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: MALONE FAMILY TRUST 607 FAIRWAY DRIVE REDLANDS, CA 92373	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

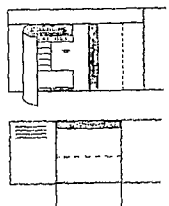
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



3

Batch #: 2193
Article #: 71106605959000125182
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

1. IFT HERE



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7110 6605 9590 0012 5205

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

MANUEL A FERRAN
435 AMHERST NE
ALBUQUERQUE, NM 87106

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5205

MANUEL A FERRAN
435 AMHERST NE
ALBUQUERQUE, NM 87106

Batch #: 2193
Article #: 71106605959000125205
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5205	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MANUEL A FERRAN 435 AMHERST NE ALBUQUERQUE, NM 87106	D. Is 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

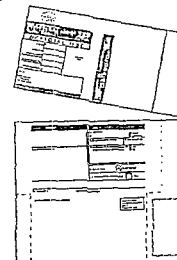
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5205	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery 8/31/10
MANUEL A FERRAN 435 AMHERST NE ALBUQUERQUE, NM 87106	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

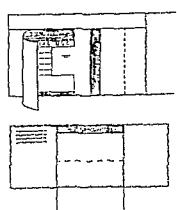
PS Form 3811

Domestic Return Receipt

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

Batch #: 2193
Article #: 71106605959000125205
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

LIFT HERE



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7110 6605 9590 0013 3774

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

MANUEL F MARTINEZ JR
992 S BROADWAY
TRUTH OR CONSEQUENCE, NM 87901

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3774

MANUEL F MARTINEZ JR
992 S BROADWAY

TRUTH OR CONSEQUENCE, NM 87901

Batch #: 2273
Article #: 71106605959000133774
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3774	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MANUEL F MARTINEZ JR 992 S BROADWAY TRUTH OR CONSEQUENCE, NM 87901	D. Is 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

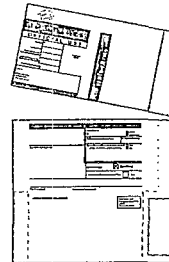
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2273
Article #: 71106605959000133774
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

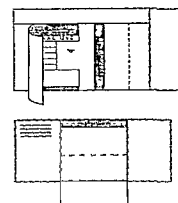
3

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 0012 5212

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

MANUEL S & BERNADETTE GOMEZ LIV TR
P O BOX 455
DULCE, NM 87528

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5212

MANUEL S & BERNADETTE GOMEZ LIV TR
P O BOX 455
DULCE, NM 87528

Batch #: 2193
Article #: 71106605959000125212
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-2 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5212	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MANUEL S & BERNADETTE GOMEZ LIV TR P O BOX 455 DULCE, NM 87528	D. Is 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		

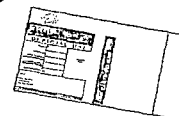
PS Form 3811

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5212	A. Signature X Estelita ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MANUEL S & BERNADETTE GOMEZ LIV TR P O BOX 455 DULCE, NM 87528	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	9-2-10
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

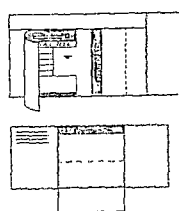
PS Form 3811

Domestic Return Receipt

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

Batch #: 2193
Article #: 71106605959000125212
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 5236

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

MAP HOLDINGS
PO BOX 268947
OKLAHOMA CITY, OK 73126-8947

PS Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5236

MAP HOLDINGS
PO BOX 268947
OKLAHOMA CITY, OK 73126-8947

Batch #: 2193
Article #: 71106605959000125236
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 5236	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:

MAP HOLDINGS
PO BOX 268947
OKLAHOMA CITY, OK 73126-8947

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

2. Article Number 7110 6605 9590 0012 5236	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:

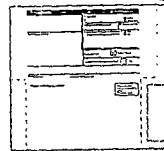
MAP HOLDINGS
PO BOX 268947
OKLAHOMA CITY, OK 73126-8947

Code: Allocation Project - D.Howell

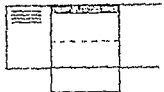
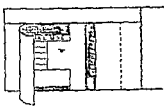
PS Form 3811

Domestic Return Receipt

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



Batch #: 2193
Article #: 71106605959000125236
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3

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

7110 6605 9590 0012 5229

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

MAP 92 96 MGD
PO BOX 268984
OKLAHOMA CITY, OK 73126-8984

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5229

MAP 92 96 MGD
PO BOX 268984
OKLAHOMA CITY, OK 73126-8984

Batch #: 2193
Article #: 71106605959000125229
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0012 5229	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

2. Article Number 7110 6605 9590 0012 5229	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
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MAP 92 96 MGD
PO BOX 268984
OKLAHOMA CITY, OK 73126-8984

Code: Allocation Project - D.Howell

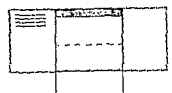
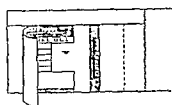
PS Form 3811

Domestic Return Receipt

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

Batch #: 2193
Article #: 71106605959000125229
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

LIFT HERE



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

7110 6605 9590 0012 5243

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	

MAP K&W OK
C/O MINERAL ACQUISITION PRTRNS
PO BOX 269031
OKLAHOMA CITY, OK 73126-9031

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5243

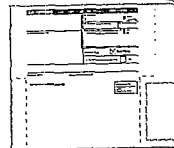
MAP K&W OK
C/O MINERAL ACQUISITION PRTRNS
PO BOX 269031
OKLAHOMA CITY, OK 73126-9031

Batch #: 2193
Article #: 71106605959000125243
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Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

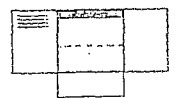
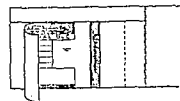
Reorder Form LCP R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5243	A. Signature ☒ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MAP K&W OK C/O MINERAL ACQUISITION PRTRNS PO BOX 269031 OKLAHOMA CITY, OK 73126-9031	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	

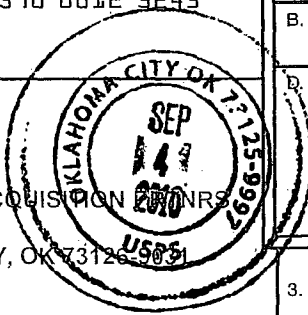
1 SEPARATE AT PERFORATION



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 0012 5243	A. Signature ☒ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MAP K&W OK C/O MINERAL ACQUISITION PRTRNS PO BOX 269031 OKLAHOMA CITY, OK 73126-9031	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 #: 2193
Article #: 71106605959000125243
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



US Postal Service
CERTIFIED MAIL RECEIPT
(For Mail Only; No Insurance Coverage Provided)
7110 6605 9590 0012 5250

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
MAP2001-NET
PO BOX 268988
OKLAHOMA CITY, OK 73126

Form 3800, August 2006 - See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5250

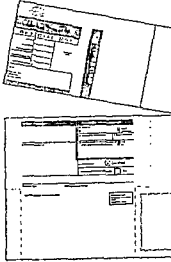
MAP2001-NET
PO BOX 268988
OKLAHOMA CITY, OK 73126

Batch #: 2193
Article #: 71106605959000125250
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

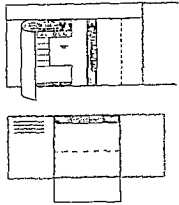
Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0012 5250	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: MAP2001-NET PO BOX 268988 OKLAHOMA CITY, OK 73126 Code: Allocation Project - D.Howell	

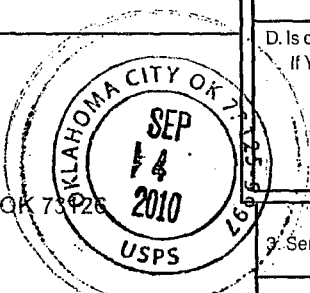
1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0012 5250	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Ops</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: MAP2001-NET PO BOX 268988 OKLAHOMA CITY, OK 73126 Code: Allocation Project - D.Howell	



Batch #: 2193
Article #: 71106605959000125250
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
For information visit our website at www.usps.com
7110 6605 9590 0012 5267

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

Post To
MAP99A-NET
PO BOX 268947
OKLAHOMA CITY, OK 73126

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



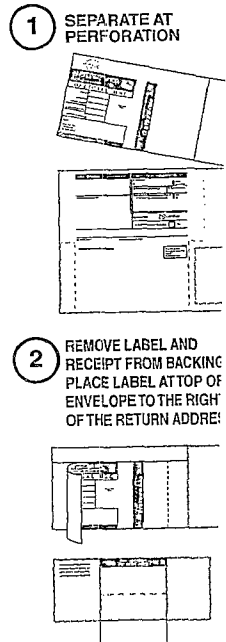
7110 6605 9590 0012 5267

MAP99A-NET
PO BOX 268947
OKLAHOMA CITY, OK 73126

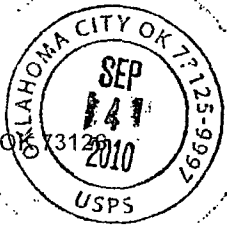
Batch #: 2193
Article #: 71106605959000125267
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0012 5267	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: MAP99A-NET PO BOX 268947 OKLAHOMA CITY, OK 73126	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 5267	COMPLETE THIS SECTION ON DELIVERY A. Signature X [Signature] 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: MAP99A-NET PO BOX 268947 OKLAHOMA CITY, OK 73126	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	



Batch #: 2193
Article #: 71106605959000125267
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
For information visit our website at www.usps.com
7110 6605 9590 0012 5274

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	

MAR OIL & GAS CORPORATION
ATTN M A ROMERO
PO BOX 5155
SANTA FE, NM 87502

Postage

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

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5274

7110 6605 9590 0012 5274

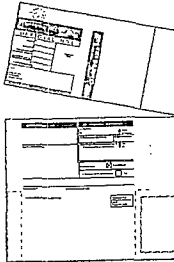
MAR OIL & GAS CORPORATION
ATTN M A ROMERO
PO BOX 5155
SANTA FE, NM 87502

Batch #: 2193
Article #: 71106605959000125274
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

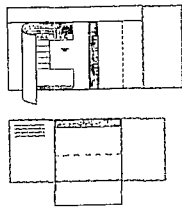
Reorder Form LCD 3800 rev. 01/07

2. Article Number 7110 6605 9590 0012 5274	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: MAR OIL & GAS CORPORATION ATTN M A ROMERO PO BOX 5155 SANTA FE, NM 87502 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0012 5274	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</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: MAR OIL & GAS CORPORATION ATTN M A ROMERO PO BOX 5155 SANTA FE, NM 87502 Code: Allocation Project - D.Howell	

Batch #: 2193
Article #: 71106605959000125274
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For information visit our website at www.usps.com
7110 6605 9590 0012 5281

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

MARALEX RESOURCES INC
PO BOX 338
IGNACIO, CO 81137

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5281

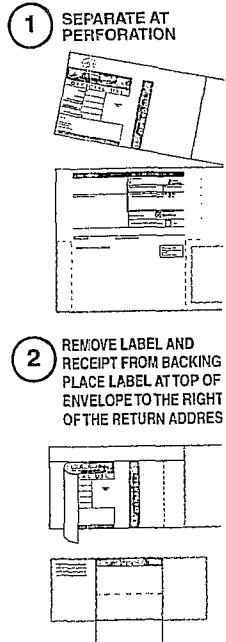
MARALEX RESOURCES INC
PO BOX 338
IGNACIO, CO 81137

Batch #: 2193
Article #: 71106605959000125281
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0012 5281	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: MARALEX RESOURCES INC PO BOX 338 IGNACIO, CO 81137 Code: Allocation Project - D.Howell	

PS Form 3811



2. Article Number 7110 6605 9590 0012 5281	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Sue C. Herrera</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery SUE C. HERRERA 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
1. Article Addressed to: MARALEX RESOURCES INC PO BOX 338 IGNACIO, CO 81137 Code: Allocation Project - D.Howell	

Batch #: 2193
Article #: 71106605959000125281
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811

Domestic Return Receipt

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7110 6605 9590 0013 3071

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

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

MARCIA L BERGER EDUCATIONAL FOUNDAT
PO BOX 745
HOBBS, NM 88241

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3071

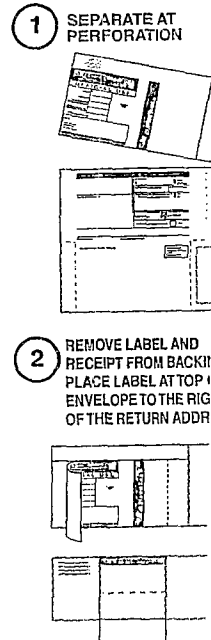
MARCIA L BERGER EDUCATIONAL FOUNDAT
PO BOX 745

HOBBS, NM 88241

Batch #: 2269
Article #: 71106605959000133071
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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3071	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARCIA L BERGER EDUCATIONAL FOUNDAT PO BOX 745 HOBBS, NM 88241	D. Is 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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3071	A. Signature X <i>Larry Scott</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARCIA L BERGER EDUCATIONAL FOUNDAT PO BOX 745 HOBBS, NM 88241	D. Is 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 #: 71106605959000133071
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
7110 6605 9590 0012 5298

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	

1. Article Addressed to:
MARCIA BERGER ESTATE
C/O PETRO ASSET MANAGENT LLC
PO BOX 745
HOBBS, NM 88241

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5298

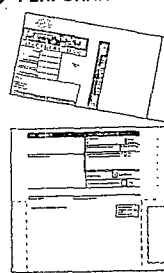
MARCIA BERGER ESTATE
C/O PETRO ASSET MANAGENT LLC
PO BOX 745
HOBBS, NM 88241

Batch #: 2193
Article #: 71106605959000125298
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

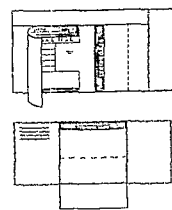
Reorder Form LC-100 Rev. 01/07

2. Article Number 7110 6605 9590 0012 5298	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: MARCIA BERGER ESTATE C/O PETRO ASSET MANAGENT LLC PO BOX 745 HOBBS, NM 88241 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0012 5298	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Harry Scott</i> 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: MARCIA BERGER ESTATE C/O PETRO ASSET MANAGENT LLC PO BOX 745 HOBBS, NM 88241 Code: Allocation Project - D.Howell	

Batch #: 2193
Article #: 71106605959000125298
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5304

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

MARGARET A KEARNS TRUST
1440 OSPREY AVE
NAPLES, FL 34102-3464

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5304

MARGARET A KEARNS TRUST
1440 OSPREY AVE
NAPLES, FL 34102-3464

Batch #: 2193
Article #: 71106605959000125304
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 01/07

2. Article Number 7110 6605 9590 0012 5304	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: MARGARET A KEARNS TRUST 1440 OSPREY AVE NAPLES, FL 34102-3464 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 #: 2193
Article #: 71106605959000125304
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

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7110 6605 9590 0012 5328

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 **MARGARET ALLINSON LAYCOCK**
2003 LOST CREEK BLVD
AUSTIN, TX 78746

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5328

MARGARET ALLINSON LAYCOCK
2003 LOST CREEK BLVD
AUSTIN, TX 78746

Batch #: 2193
Article #: 71106605959000125328
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 5328	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: MARGARET ALLINSON LAYCOCK 2003 LOST CREEK BLVD AUSTIN, TX 78746 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

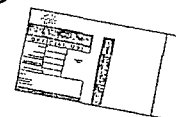
Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2193
Article #: 71106605959000125328
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

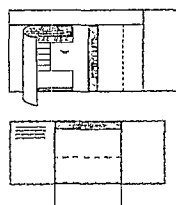
3

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





U.S. Postal Service[®]
CERTIFIED MAIL[®] RECEIPT
(Mail Only; No Insurance Coverage Provided)
For delivery information, visit our website at www.usps.com
7110 6605 9590 0012 5311

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

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

MARGARET A MOMSEN
3135 47TH ST
PHOENIX, AZ 85018

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5311

MARGARET A MOMSEN
3135 47TH ST
PHOENIX, AZ 85018

Batch #: 2193
Article #: 71106605959000125311
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8111 01/07

2. Article Number 7110 6605 9590 0012 5311	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: MARGARET A MOMSEN 3135 47TH ST PHOENIX, AZ 85018 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

PS Form 3811

Domestic Return Receipt

2. Article Number 7110 6605 9590 0012 5311	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: MARGARET A MOMSEN 3135 47TH ST PHOENIX, AZ 85018 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
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Batch #: 2193
Article #: 71106605959000125311
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:

Domestic Return Receipt

11FT HI



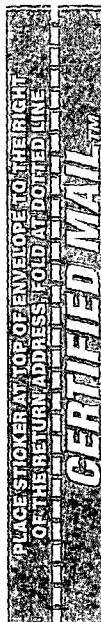
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only; No Insurance Coverage Provided)
Delivery Information Visit Our Website at www.usps.com
7110 6605 9590 0012 5335

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
MARGARET C BURGESS
7181 E CAMELBACK RD, APT 905
SCOTTSDALE, AZ 85251

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5335

MARGARET C BURGESS
7181 E CAMELBACK RD, APT 905
SCOTTSDALE, AZ 85251

Batch #: 2193
Article #: 71106605959000125335
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
Internal File #:
Internal Code #:

2. Article Number
7110 6605 9590 0012 5335

1. Article Addressed to:
MARGARET C BURGESS
7181 E CAMELBACK RD, APT 905
SCOTTSDALE, AZ 85251

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

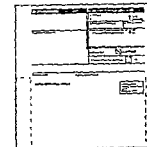
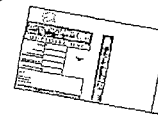
B. Received by (Printed Name) C. Date of Delivery

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

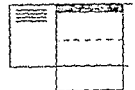
3. Service Type ☒ Certified

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 0012 5335

1. Article Addressed to:
MARGARET C BURGESS
7181 E CAMELBACK RD, APT 905
SCOTTSDALE, AZ 85251

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2193
Article #: 71106605959000125335
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
Internal File #:
Internal Code #:

3



US Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0012 5342

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

MARGARET C PARGIN
PO BOX 665
TOME, NM 87060

Code: Allocation Project - D.Howell



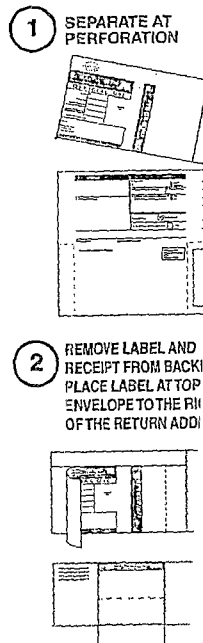
7110 6605 9590 0012 5342

MARGARET C PARGIN
PO BOX 665
TOME, NM 87060

Batch #: 2193
Article #: 71106605959000125342
Date/Time: 8/31/2010 12:27:44 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 0012 5342	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: MARGARET C PARGIN PO BOX 665 TOME, NM 87060	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 5342	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> 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: MARGARET C PARGIN PO BOX 665 TOME, NM 87060	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

Batch #: 2193
Article #: 71106605959000125342
Date/Time: 8/31/2010 12:27:44 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)
Delivery information visit our website at www.usps.com
7110 6605 9590 0012 5359

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
ireet, Apt. No.;
or PO Box No.
ity, State, Zip+4

MARGARET E HOUSER-SILVA
9729 CAMINO DEL SOL NE
ALBUQUERQUE, NM 87111-1509

SI Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



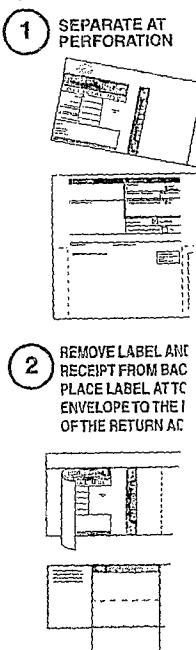
7110 6605 9590 0012 5359

MARGARET E HOUSER-SILVA
9729 CAMINO DEL SOL NE
ALBUQUERQUE, NM 87111-1509

Batch #: 2193
Article #: 71106605959000125359
Date/Time: 8/31/2010 12:27:44 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 0012 5359	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARGARET E HOUSER-SILVA 9729 CAMINO DEL SOL NE ALBUQUERQUE, NM 87111-1509	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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5359	A. Signature X <i>M. Houser-Silva</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>M. Houser-Silva</i> <i>9/4/10</i>
MARGARET E HOUSER-SILVA 9729 CAMINO DEL SOL NE ALBUQUERQUE, NM 87111-1509	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 #: 2193
Article #: 71106605959000125359
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:



US Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
Delivery information visit our website at www.usps.com
7110 6605 9590 0012 5366

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	

Code: Allocation Project - D.Howell



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

7110 6605 9590 0012 5366

MARGARET FREDERKING IRREV FAMILY TR
PO BOX 99084
FORT WORTH, TX 76199-0084

Batch #: 2193
Article #: 71106605959000125366
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

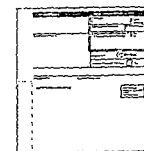
Send To
MARGARET FREDERKING IRREV FAMILY
PO BOX 99084
FORT WORTH, TX 76199-0084

PS Form 3800, August 2006 See Reverse for Instructions

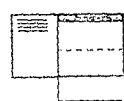
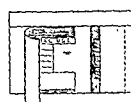
Reorder Form LCD-811 01/07

2. Article Number 7110 6605 9590 0012 5366	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: MARGARET FREDERKING IRREV FAMILY TR PO BOX 99084 FORT WORTH, TX 76199-0084 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0012 5366	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</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: MARGARET FREDERKING IRREV FAMILY TR PO BOX 99084 FORT WORTH, TX 76199-0084 Code: Allocation Project - D.Howell	

Batch #: 2193
Article #: 71106605959000125366
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:

3



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
For Information Visit Our Website at www.usps.com
7110 6605 9590 0012 5373

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

Post To
MARGARET H. WYGOCKI
721 ROBINS ROAD
LANSING, MI 48917

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



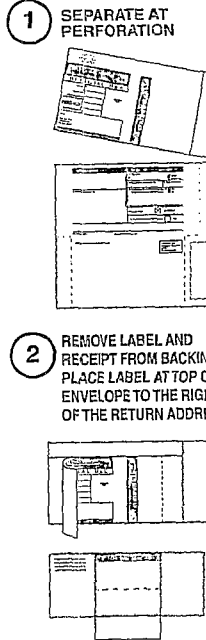
7110 6605 9590 0012 5373

MARGARET H. WYGOCKI
721 ROBINS ROAD
LANSING, MI 48917

Batch #: 2193
Article #: 71106605959000125373
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-01/07

2. Article Number 7110 6605 9590 0012 5373	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: MARGARET H. WYGOCKI 721 ROBINS ROAD LANSING, MI 48917 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 5373	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Keppa W. Gocki</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Bill Wygocki</i> C. Date of Delivery <i>9-4-10</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: MARGARET H. WYGOCKI 721 ROBINS ROAD LANSING, MI 48917 Code: Allocation Project - D.Howell	

Batch #: 2193
Article #: 71106605959000125373
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

7110 6605 9590 0012 5380

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

MARGARET HUNT HILL AI G HILL TRUST
1601 ELM, STE 5000
DALLAS, TX 75201

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5380

MARGARET HUNT HILL AI G HILL TRUST
1601 ELM, STE 5000
DALLAS, TX 75201

Batch #: 2193
Article #: 71106605959000125380
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3800, August 2006 See Reverse for Instructions

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5380	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARGARET HUNT HILL AI G HILL TRUST 1601 ELM, STE 5000 DALLAS, TX 75201	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

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5380	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-3-10
MARGARET HUNT HILL AI G HILL TRUST 1601 ELM, STE 5000 DALLAS, TX 75201	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

PS Form 3811

Domestic Return Receipt

Batch #: 2193
Article #: 71106605959000125380
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell

3

LIFT

Reorder Form LCD-8111 Rev. 01/07



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

7110 6605 9590 0012 5397

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

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

MARGARET HUNT HILL CODY WIKERT TRUS
2101 CEDAR SPRINGS RD, STE 1800
DALLAS, TX 75201

Code: Allocation Project - D.Howell



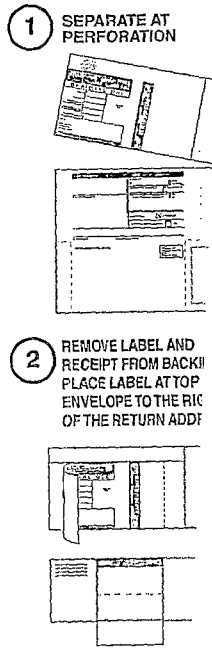
7110 6605 9590 0012 5397

MARGARET HUNT HILL CODY WIKERT TRUS
2101 CEDAR SPRINGS RD, STE 1800
DALLAS, TX 75201

Batch #: 2193
Article #: 71106605959000125397
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5397	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARGARET HUNT HILL CODY WIKERT TRUS 2101 CEDAR SPRINGS RD, STE 1800 DALLAS, TX 75201	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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5397	A. Signature X <i>Patty Salario</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Patty Salario</i>
MARGARET HUNT HILL CODY WIKERT TRUS 2101 CEDAR SPRINGS RD, STE 1800 DALLAS, TX 75201	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 #: 2193
Article #: 71106605959000125397
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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For information visit our website at www.usps.com

7110 6605 9590 0012 5441

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	

Int To

reet, Apt. No.,
PO Box No.
ty, State, Zip+4

MARGARET HUNT HILL, AL G HILL III T
C/O STEPHAN MALOUF, TRUSTEE
3811 TURTLE CREEK, SUITE 1600
DALLAS, TX 75219

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5441

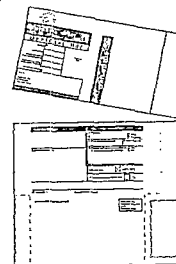
MARGARET HUNT HILL, AL G HILL III T
C/O STEPHAN MALOUF, TRUSTEE
3811 TURTLE CREEK, SUITE 1600
DALLAS, TX 75219

Batch #: 2193
Article #: 71106605959000125441
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

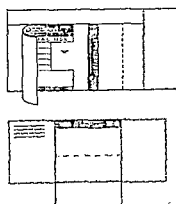
Reorder Form LCD 3800 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5441	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARGARET HUNT HILL, AL G HILL III T C/O STEPHAN MALOUF, TRUSTEE 3811 TURTLE CREEK, SUITE 1600 DALLAS, TX 75219	D. Is 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 0012 5441	A. Signature <i>Colleen Gilbert</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARGARET HUNT HILL, AL G HILL III T C/O STEPHAN MALOUF, TRUSTEE 3811 TURTLE CREEK, SUITE 1600 DALLAS, TX 75219	<i>Colleen Gilbert</i>	9.8.10
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

Batch #: 2193
Article #: 71106605959000125441
Date/Time: 8/31/2010 12:27:44 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)
Information visit our website at www.usps.com

7110 6605 9590 0012 5403

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

MARGARET HUNT HILL ELISA HILL TRUST
1601 ELM, STE 5000
DALLAS, TX 75201

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



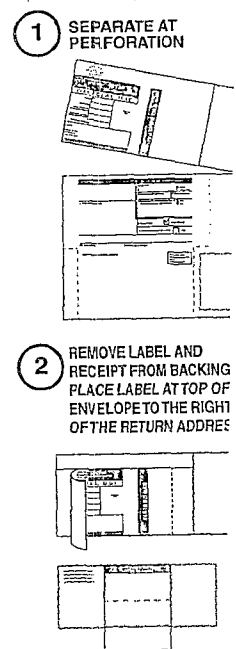
7110 6605 9590 0012 5403

MARGARET HUNT HILL ELISA HILL TRUST
1601 ELM, STE 5000
DALLAS, TX 75201

Batch #: 2193
Article #: 71106605959000125403
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2: Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5403	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARGARET HUNT HILL ELISA HILL TRUST 1601 ELM, STE 5000 DALLAS, TX 75201	D. Is 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 0012 5403	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARGARET HUNT HILL ELISA HILL TRUST 1601 ELM, STE 5000 DALLAS, TX 75201	D. Is 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 #: 2193
Article #: 71106605959000125403
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 5410

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
MARGARET HUNT HILL HEATHER HILL TRU
1601 ELM, STE 5000
DALLAS, TX 75201

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5410

MARGARET HUNT HILL HEATHER HILL TRU
1601 ELM, STE 5000
DALLAS, TX 75201

Batch #: 2193
Article #: 71106605959000125410
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

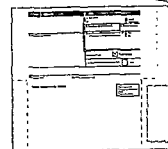
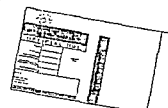
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5410	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARGARET HUNT HILL HEATHER HILL TRU 1601 ELM, STE 5000 DALLAS, TX 75201	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

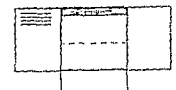
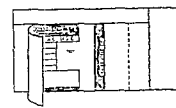
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5410	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARGARET HUNT HILL HEATHER HILL TRU 1601 ELM, STE 5000 DALLAS, TX 75201	D. Is delivery address different from item 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 #: 2193
Article #: 71106605959000125410
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 5427

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

Post To

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

MARGARET HUNT HILL MARGRETTA WIKERT
2101 CEDAR SPRINGS RD, STE 1800
DALLAS, TX 75201

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5427

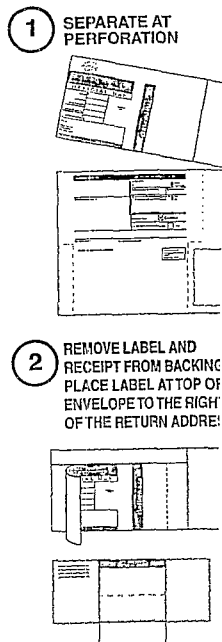
MARGARET HUNT HILL MARGRETTA WIKERT
2101 CEDAR SPRINGS RD, STE 1800
DALLAS, TX 75201

Batch #: 2193
Article #: 71106605959000125427
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5427	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARGARET HUNT HILL MARGRETTA WIKERT 2101 CEDAR SPRINGS RD, STE 1800 DALLAS, TX 75201	D. Is 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 0012 5427	A. Signature X <i>Patty Saturno</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARGARET HUNT HILL MARGRETTA WIKERT 2101 CEDAR SPRINGS RD, STE 1800 DALLAS, TX 75201	<i>Patty Saturno</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

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000125427
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5434

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	

Int To

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

MARGARET HUNT HILL MICHAEL WISENBAK
2101 CEDAR SPRINGS RD, STE 1800
DALLAS, TX 75201

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5434

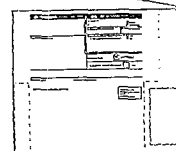
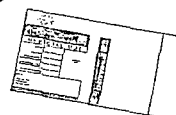
MARGARET HUNT HILL MICHAEL WISENBAK
2101 CEDAR SPRINGS RD, STE 1800
DALLAS, TX 75201

Batch #: 2193
Article #: 71106605959000125434
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Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

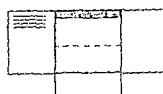
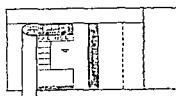
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5434	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARGARET HUNT HILL MICHAEL WISENBAK 2101 CEDAR SPRINGS RD, STE 1800 DALLAS, TX 75201	D. Is 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 0012 5434	A. Signature X <i>Patty Satarino</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>PATTY SATARINO 8-8-10</i>
MARGARET HUNT HILL MICHAEL WISENBAK 2101 CEDAR SPRINGS RD, STE 1800 DALLAS, TX 75201	D. Is 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 #: 2193
Article #: 71106605959000125434
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5458

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

Post To
 MARGARITA L ARCHULETA
 PO BOX 355
 BLANCO, NM 87412

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



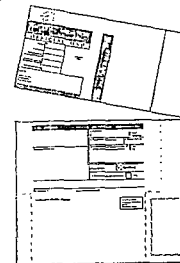
7110 6605 9590 0012 5458

MARGARITA L ARCHULETA
 PO BOX 355
 BLANCO, NM 87412

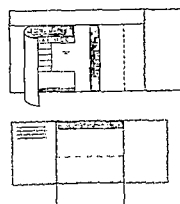
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 Article #: 71106605959000125458
 Date/Time: 8/31/2010 12:27:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5458	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	
1. Article Addressed to:		
MARGARITA L ARCHULETA PO BOX 355 BLANCO, NM 87412		
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes
Code: Allocation Project - D.Howell		

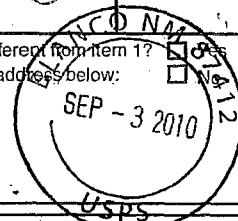
1 SEPARATE AT PERFORATION



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 0012 5458	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	
1. Article Addressed to:		
MARGARITA L ARCHULETA PO BOX 355 BLANCO, NM 87412		
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes
Code: Allocation Project - D.Howell		



Batch #: 2193
 Article #: 71106605959000125458
 Date/Time: 8/31/2010 12:27:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3



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7110 6605 9590 0012 5465

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

Postmark Here

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

MARGARITA M. MAESTAS
#10 NM HWY 173
AZTEC, NM 87410

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5465

MARGARITA M. MAESTAS
#10 NM HWY 173
AZTEC, NM 87410

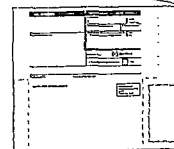
Batch #: 2193
Article #: 71106605959000125465
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

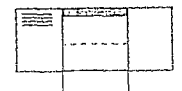
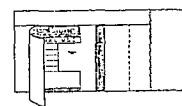
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5465	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARGARITA M. MAESTAS #10 NM HWY 173 AZTEC, NM 87410	D. Is delivery address different from item 1? ☐ Yes If YES enter 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 0012 5465	A. Signature X <i>Margarita Maestas</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARGARITA M. MAESTAS #10 NM HWY 173 AZTEC, NM 87410	D. Is 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 #: 2193
Article #: 71106605959000125465
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0013 3781

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
Marguerite M PLEMONS
4957 KATHY DR
CORPUS CHRISTI, TX 78411

PS Form 3800, August 2006 See Reverse for Instructions



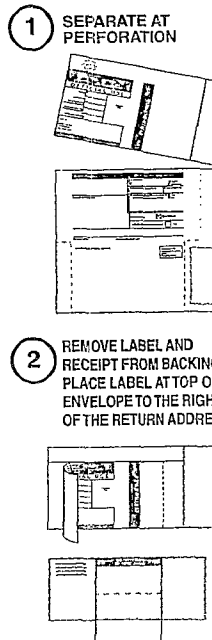
7110 6605 9590 0013 3781

MARGUERITE M PLEMONS
4957 KATHY DR
CORPUS CHRISTI, TX 78411

Batch #: 2273
Article #: 71106605959000133781
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0013 3781	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: MARGUERITE M PLEMONS 4957 KATHY DR CORPUS CHRISTI, TX 78411	



2. Article Number 7110 6605 9590 0013 3781	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Mplemons</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Jim PLEMONS</i> C. Date of Delivery <i>9-21-10</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: MARGUERITE M PLEMONS 4957 KATHY DR CORPUS CHRISTI, TX 78411	

Batch #: 2273
Article #: 71106605959000133781
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5472

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

MARIA DELFINITA GOMEZ CHAVEZ
603 WHITE AVE
AZTEC, NM 87410

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5472

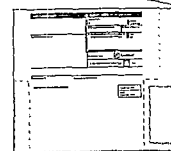
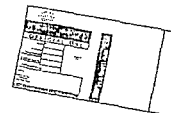
MARIA DELFINITA GOMEZ CHAVEZ
603 WHITE AVE
AZTEC, NM 87410

Batch #: 2193
Article #: 71106605959000125472
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

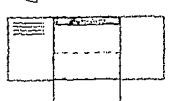
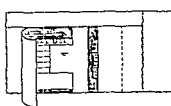
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5472	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARIA DELFINITA GOMEZ CHAVEZ 603 WHITE AVE AZTEC, NM 87410	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 0012 5472	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARIA DELFINITA GOMEZ CHAVEZ 603 WHITE AVE AZTEC, NM 87410	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 #: 2193
Article #: 71106605959000125472
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3088

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
MARIAN F EARP
C/O FRANCIS LEE MEYER
PO BOX 241
MORRISONVILLE, IL 62546

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

PS Form 3800, August 2006 See Reverse for Instructions



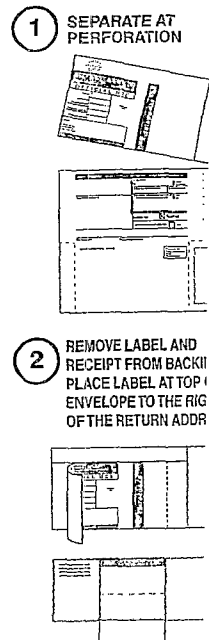
7110 6605 9590 0013 3088

MARIAN F EARP
C/O FRANCIS LEE MEYER
PO BOX 241
MORRISONVILLE, IL 62546

Batch #: 2269
Article #: 71106605959000133088
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 v. 01/07

2. Article Number 7110 6605 9590 0013 3088	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: MARIAN F EARP C/O FRANCIS LEE MEYER PO BOX 241 MORRISONVILLE, IL 62546	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number 7110 6605 9590 0013 3088	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Francis Lee Meyer</i> B. Received by (Printed Name) <i>FRANCIS LEE MEYER</i> C. Date of Delivery <i>9/14/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: MARIAN F EARP C/O FRANCIS LEE MEYER PO BOX 241 MORRISONVILLE, IL 62546	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2269
Article #: 71106605959000133088
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:



7110 6605 9590 0013 3798

Postage	\$	\$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

Postmark
Here

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

MARIAN ISERN TR C DTD 12/31/93
FARMERS NATL CO AGENT
PO BOX 3480 OIL & GAS DEPT
OMAHA, NE 68103-0480

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3798

MARIAN ISERN TR C DTD 12/31/93
FARMERS NATL CO AGENT
PO BOX 3480 OIL & GAS DEPT
OMAHA, NE 68103-0480

Batch #: 2273
Article #: 71106605959000133798
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3798	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARIAN ISERN TR C DTD 12/31/93 FARMERS NATL CO AGENT PO BOX 3480 OIL & GAS DEPT OMAHA, NE 68103-0480	D. Is 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 #: 71106605959000133798
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

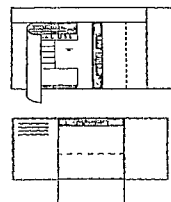


LIFT HERE

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 0012 5489

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	

Print To

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

MARIAN F EARP 1990 IRREVOCABLE TRUS
BOX 241
MORRISONVILLE, IL 62546

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5489

MARIAN F EARP 1990 IRREVOCABLE TRUS
BOX 241
MORRISONVILLE, IL 62546

Batch #: 2193
Article #: 71106605959000125489
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

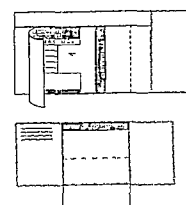
Reorder Form LCD 3800 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5489	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARIAN F EARP 1990 IRREVOCABLE TRUS BOX 241 MORRISONVILLE, IL 62546	D. Is 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 0012 5489	A. Signature X <i>George E Meyer</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>George E Meyer</i> 9-10-10
MARIAN F EARP 1990 IRREVOCABLE TRUS BOX 241 MORRISONVILLE, IL 62546	D. Is 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 #: 2193
Article #: 71106605959000125489
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5496

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	

Int To

rest, Apt. No.,
PO Box No.,
ty, State, Zip+4

MARIAN ISERN REVOCABLE TRUST D
ATTN MINERAL MGMT DEPT
PO BOX 3480
OMAHA, NE 68103-0480

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5496

MARIAN ISERN REVOCABLE TRUST D
ATTN MINERAL MGMT DEPT
PO BOX 3480
OMAHA, NE 68103-0480

Batch #: 2193

Article #: 71106605959000125496

Date/Time: 8/31/2010 12:27:44 PM

Code: Allocation Project - D.Howell

Code2:

File #:

Internal File #:

Internal Code #:

2. Article Number

7110 6605 9590 0012 5496

1. Article Addressed to:

MARIAN ISERN REVOCABLE TRUST D
ATTN MINERAL MGMT DEPT
PO BOX 3480
OMAHA, NE 68103-0480

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X

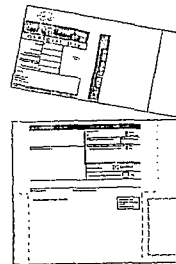
B. Received by (Printed Name) C. Date of Delivery

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

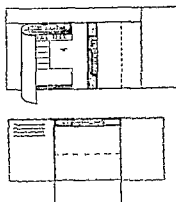
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 5496

1. Article Addressed to:

MARIAN ISERN REVOCABLE TRUST D
ATTN MINERAL MGMT DEPT
PO BOX 3480
OMAHA, NE 68103-0480

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2193

Article #: 71106605959000125496

Date/Time: 8/31/2010 12:27:44 PM

Code: Allocation Project - D.Howell

Code2:

File #:

Internal File #:

Internal Code #:



7110 6605 9590 0012 5502

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

nt To

reet, Apt. No.,
PO Box No.
by, State, Zip+4

MARIAN ISERN TRUST C
C/O FARMERS NATL CO AGENT
PO BOX 3480 OIL & GAS DEPT
OMAHA, NE 68103-0480

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5502

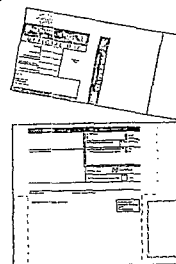
MARIAN ISERN TRUST C
C/O FARMERS NATL CO AGENT
PO BOX 3480 OIL & GAS DEPT
OMAHA, NE 68103-0480

Batch #: 2193
Article #: 71106605959000125502
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Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

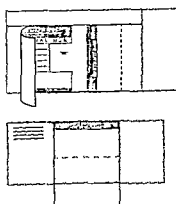
Reorder Form LCD-5 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5502	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARIAN ISERN TRUST C C/O FARMERS NATL CO AGENT PO BOX 3480 OIL & GAS DEPT OMAHA, NE 68103-0480	D. Is 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 0012 5502	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>Masonbrenke</i>	C. Date of Delivery
MARIAN ISERN TRUST C C/O FARMERS NATL CO AGENT PO BOX 3480 OIL & GAS DEPT OMAHA, NE 68103-0480	D. Is 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 #: 2193
Article #: 71106605959000125502
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5519

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

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

MARIAN N HARWELL
112 E PECAN ST, STE 500
SAN ANTONIO, TX 78205

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5519

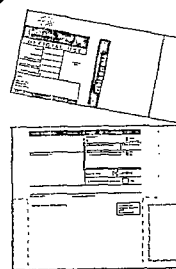
MARIAN N HARWELL
112 E PECAN ST, STE 500
SAN ANTONIO, TX 78205

Batch #: 2193
Article #: 71106605959000125519
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

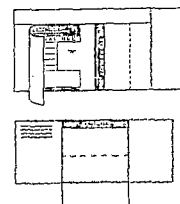
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5519	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARIAN N HARWELL 112 E PECAN ST, STE 500 SAN ANTONIO, TX 78205	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 0012 5519	A. Signature X <i>B. Scheel</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARIAN N HARWELL 112 E PECAN ST, STE 500 SAN ANTONIO, TX 78205	<i>B. Scheel</i> <i>9-7-10</i>
Code: Allocation Project - D.Howell	D. Is 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 #: 2193
Article #: 71106605959000125519
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5526

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

MARIE A SCHAEFER
3223 FERNWOOD CT
DAVENPORT, IA 52807-2558

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5526

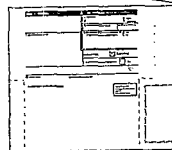
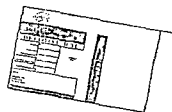
MARIE A SCHAEFER
3223 FERNWOOD CT
DAVENPORT, IA 52807-2558

Batch #: 2193
Article #: 71106605959000125526
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

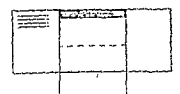
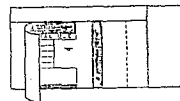
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5526	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARIE A SCHAEFER 3223 FERNWOOD CT DAVENPORT, IA 52807-2558	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 0012 5526	A. Signature X <i>M. Schaefer</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>M. Schaefer</i> <i>9-4-10</i>
MARIE A SCHAEFER 3223 FERNWOOD CT DAVENPORT, IA 52807-2558	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 #: 2193
Article #: 71106605959000125526
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5533

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

MARIE ARNOLD
PO BOX 1893
FARMINGTON, NM 87499

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5533

MARIE ARNOLD
PO BOX 1893
FARMINGTON, NM 87499

Batch #: 2193
Article #: 71106605959000125533
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5533	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARIE ARNOLD PO BOX 1893 FARMINGTON, NM 87499	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☐ No
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes

Code: Allocation Project - D.Howell

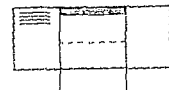
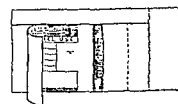
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5533	A. Signature <i>Marie I. Arnold</i> ☒ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARIE ARNOLD PO BOX 1893 FARMINGTON, NM 87499	<i>Marie I. Arnold</i>	<i>9-11-10</i>
	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☐ 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



3

Batch #: 2193
Article #: 71106605959000125533
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5540

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

sent To

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

MARIE C MORGAN
16037 LEDGE ROCK DRIVE
PARKER, CO 80134

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5540

MARIE C MORGAN
16037 LEDGE ROCK DRIVE
PARKER, CO 80134

Batch #: 2193
Article #: 71106605959000125540
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5540	A. Signature X	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
MARIE C MORGAN 16037 LEDGE ROCK DRIVE PARKER, CO 80134	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

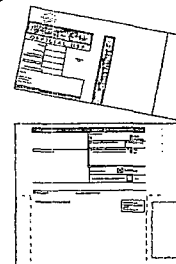
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2193
Article #: 71106605959000125540
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

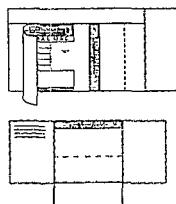
3

← 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 0012 5557

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	

Print To

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

MARIE R RABB TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



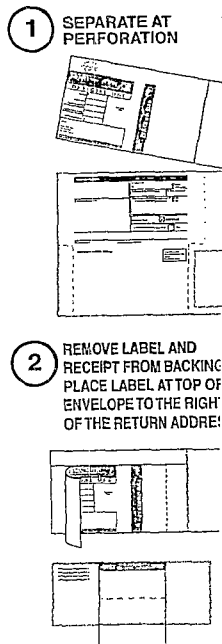
7110 6605 9590 0012 5557

MARIE R RABB TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

Batch #: 2193
Article #: 71106605959000125557
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5557	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARIE R RABB TRUST PO BOX 99084 FORT WORTH, TX 76199-0084	D. Is 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 0012 5557	A. Signature X ☒ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARIE R RABB TRUST PO BOX 99084 FORT WORTH, TX 76199-0084	D. Is 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 #: 2193
Article #: 71106605959000125557
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

7110 6605 9590 0012 5564

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

Send To

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

MARILYN A MCGEE
PO BOX 127
LAKE HILL, NY 12448

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5564

MARILYN A MCGEE
PO BOX 127
LAKE HILL, NY 12448

Batch #: 2193
Article #: 71106605959000125564
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5564	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARILYN A MCGEE PO BOX 127 LAKE HILL, NY 12448	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
LEFT OF THE RETURN ADDRESS

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5564	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARILYN A MCGEE PO BOX 127 LAKE HILL, NY 12448	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 #: 2193
Article #: 71106605959000125564
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:



Postal Service™
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(Postage and Insurance Coverage Provided)
Delivery information visit our website at www.usps.com

7110 6605 9590 0012 5571

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	

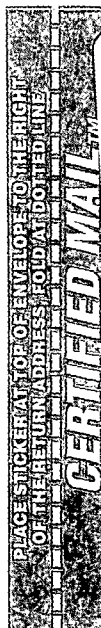
Sent To

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

MARILYN BERG
7947 LAKE CAYUGA DR
SAN DIEGO, CA 92119

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5571

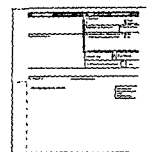
MARILYN BERG
7947 LAKE CAYUGA DR
SAN DIEGO, CA 92119

Batch #: 2193
Article #: 71106605959000125571
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

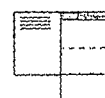
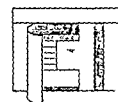
Reorder Form LCD-811R 10/01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5571	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARILYN BERG 7947 LAKE CAYUGA DR SAN DIEGO, CA 92119	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 / RECEIPT FROM ENVELOPE TO PLACE LABEL AT ENVELOPE TO THE RETURN



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5571	A. Signature ☒ Agent X <i>Robert Berg</i> ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery ROBERT BERG 9-4-2010
MARILYN BERG 7947 LAKE CAYUGA DR SAN DIEGO, CA 92119	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 #: 2193
Article #: 71106605959000125571
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell

PROVED

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only; No Insurance Coverage Provided)
 Delivery Information: Visit our website at www.usps.com

7110 6605 9590 0012 5588

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

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

7110 6605 9590 0012 5588

MARILYN DAVENPORT
 1438 SUE BARNETT DR
 HOUSTON, TX 77018

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

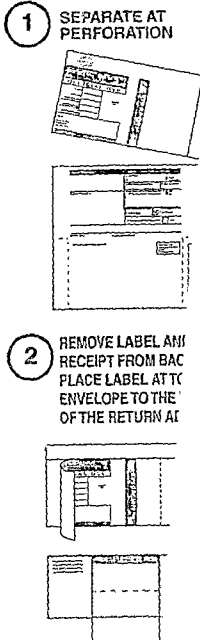
MARILYN DAVENPORT
 1438 SUE BARNETT DR
 HOUSTON, TX 77018

PS Form 3800, August 2005 See Reverse for Instructions

Batch #: 2193
 Article #: 71106605959000125588
 Date/Time: 8/31/2010 12:27:45 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 0012 5588		A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
MARILYN DAVENPORT 1438 SUE BARNETT DR HOUSTON, TX 77018		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	



2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5588		A. Signature ☐ Agent X ☒ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
MARILYN DAVENPORT 1438 SUE BARNETT DR HOUSTON, TX 77018		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 #: 2193
 Article #: 71106605959000125588
 Date/Time: 8/31/2010 12:27:45 PM
 Code: Allocation Project - D.Howell
 Code2:



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7110 6605 9590 0012 5595

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.;
or PO Box No.
City, State, Zip+4
MARILYN F MENASCO REV TR DTD 10 25
7714 STUEBEN WAY
STOCKTON, CA 95207

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5595

MARILYN F MENASCO REV TR DTD 10 25
7714 STUEBEN WAY
STOCKTON, CA 95207

Batch #: 2193
Article #: 71106605959000125595
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 5595

1. Article Addressed to:

MARILYN F MENASCO REV TR DTD 10 25
7714 STUEBEN WAY
STOCKTON, CA 95207

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X

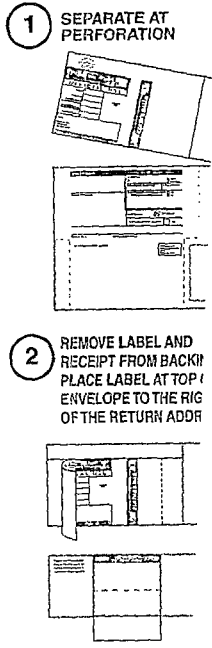
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



2. Article Number

7110 6605 9590 0012 5595

1. Article Addressed to:

MARILYN F MENASCO REV TR DTD 10 25
7714 STUEBEN WAY
STOCKTON, CA 95207

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X *[Signature]*

B. Received by (Printed Name) C. Date of Delivery
SEP 5 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

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000125595
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:





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7110 6605 9590 0012 5601

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	

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

MARILYN L HESS
4019 CINNAMON FERN CT
HOUSTON, TX 77059

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5601

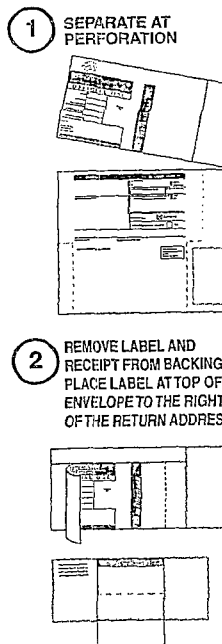
MARILYN L HESS
4019 CINNAMON FERN CT
HOUSTON, TX 77059

Batch #: 2193
Article #: 71106605959000125601
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5601	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARILYN L HESS 4019 CINNAMON FERN CT HOUSTON, TX 77059	D. Is 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 0012 5601	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARILYN L HESS 4019 CINNAMON FERN CT HOUSTON, TX 77059	D. Is 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 #: 2193
Article #: 71106605959000125601
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3811

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
MARK A SCHAUER
PO BOX 620126
LITTLETON, CO 80162

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

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3811

MARK A SCHAUER
PO BOX 620126

LITTLETON, CO 80162

Batch #: 2273
Article #: 71106605959000133811
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 3811

1. Article Addressed to:

MARK A SCHAUER
PO BOX 620126
LITTLETON, CO 80162

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 3811

1. Article Addressed to:

MARK A SCHAUER
PO BOX 620126
LITTLETON, CO 80162

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☒ Addressee

B. Received by (Printed Name)

MARK A SCHAUER

C. Date of Delivery

9-17-10

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

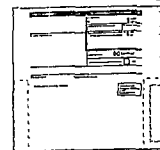
3. Service Type

☒ Certified

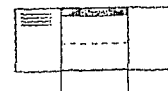
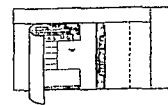
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION



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



Batch #: 2273
Article #: 71106605959000133811
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:



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7110 6605 9590 0013 3095

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

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

MARK HAYDEN MEADE
4140 CONGRESS
BEAUMONT, TX 77705

Form 3800, August 2006 See Reverse for Instructions



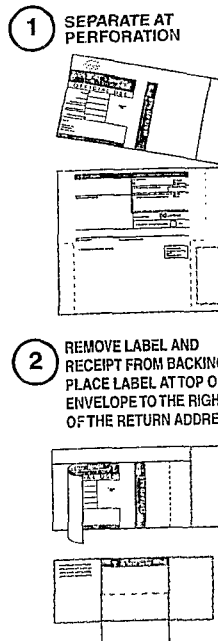
7110 6605 9590 0013 3095

MARK HAYDEN MEADE
4140 CONGRESS
BEAUMONT, TX 77705

Batch #: 2269
Article #: 71106605959000133095
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reader Form LCD-8 v. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3095	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARK HAYDEN MEADE 4140 CONGRESS BEAUMONT, TX 77705	D. Is 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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3095	A. Signature X <i>Mark Meade</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery MARK MEADE 9-30-10
MARK HAYDEN MEADE 4140 CONGRESS BEAUMONT, TX 77705	D. Is 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 #: 71106605959000133095
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5618

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.,
or PO Box No.
city, State, Zip+4

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5618

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

Batch #: 2193
Article #: 71106605959000125618
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 01/07

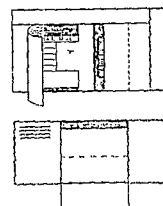
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5618	A. Signature X	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
1. Article Addressed to:	4. Restricted Delivery? (Extra Fee) ☐ Yes	
MARK PATE ATTN OIL & GAS DEPT PO BOX 3480 OMAHA, NE 68103-0480		

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5618	A. Signature X	☐ Agent ☐ Addressee
	B. Received by (Printed Name) <i>Mason D. Howell</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	
1. Article Addressed to:	4. Restricted Delivery? (Extra Fee) ☐ Yes	
MARK PATE ATTN OIL & GAS DEPT PO BOX 3480 OMAHA, NE 68103-0480		

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000125618
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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7110 6605 9590 0012 5625

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

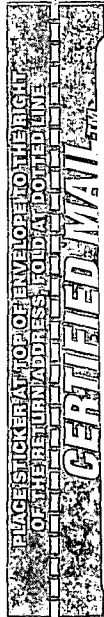
Postmark Here

ent To

MARK W ANDERSON
1501 CHIPPIWA LN, APT 316
COUNCIL BLUFFS, IA 51501-8066

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



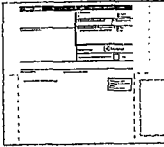
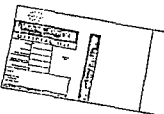
7110 6605 9590 0012 5625

MARK W ANDERSON
1501 CHIPPIWA LN, APT 316
COUNCIL BLUFFS, IA 51501-8066

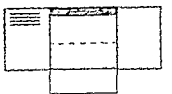
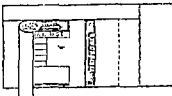
Batch #: 2193
Article #: 71106605959000125625
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 5625	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: MARK W ANDERSON 1501 CHIPPIWA LN, APT 316 COUNCIL BLUFFS, IA 51501-8066	
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0012 5625	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Mark W. Anderson</i> B. Received by (Printed Name) C. Date of Delivery 9-4-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MARK W ANDERSON 1501 CHIPPIWA LN, APT 316 COUNCIL BLUFFS, IA 51501-8066	
Code: Allocation Project - D.Howell	

Batch #: 2193
Article #: 71106605959000125625
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

7110 6605 9590 0012 5632

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

ent To

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

MARK W BRENNAND
8037 E DEL RUBI DR
SCOTTSDALE, AZ 85258

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5632

MARK W BRENNAND
8037 E DEL RUBI DR
SCOTTSDALE, AZ 85258

Batch #: 2193
Article #: 71106605959000125632
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

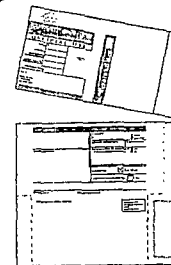
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5632	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARK W BRENNAND 8037 E DEL RUBI DR SCOTTSDALE, AZ 85258	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

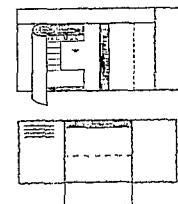
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5632	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARK W BRENNAND 8037 E DEL RUBI DR SCOTTSDALE, AZ 85258	D. Is delivery address different from item 1? ☐ Yes If YES 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



3

Batch #: 2193
Article #: 71106605959000125632
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3828

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.;
- PO Box No.
ity, State, Zip+4

MARK WOOD BRENNAND
8037 E DEL RUBI DR
SCOTTSDALE, AZ 85258

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3828

MARK WOOD BRENNAND
8037 E DEL RUBI DR

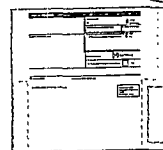
SCOTTSDALE, AZ 85258

Batch #: 2273
Article #: 71106605959000133828
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

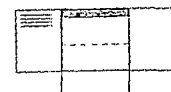
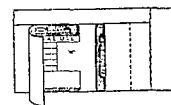
2. Article Number 7110 6605 9590 0013 3828	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

2. Article Number 7110 6605 9590 0013 3828	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Mark Wood Brennand</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 SEPARATE AT PERFORATION



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



Batch #: 2273
Article #: 71106605959000133828
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3

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7110 6605 9590 0012 5649

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

MARQUITA VAZQUEZ
2015 JOY LYNN
BLOOMFIELD, NM 87413

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5649

MARQUITA VAZQUEZ
2015 JOY LYNN
BLOOMFIELD, NM 87413

Batch #: 2193
Article #: 71106605959000125649
Date/Time: 8/31/2010 12:27:45 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 0012 5649

1. Article Addressed to:

MARQUITA VAZQUEZ
2015 JOY LYNN
BLOOMFIELD, NM 87413

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

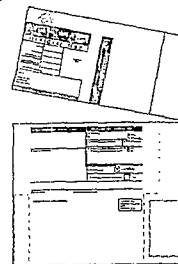
3. Service Type

☒ Certified

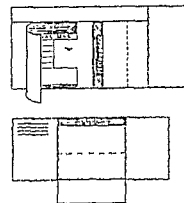
4. Restricted Delivery? (Extra Fee)

☐ 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 0012 5649

1. Article Addressed to:

MARQUITA VAZQUEZ
2015 JOY LYNN
BLOOMFIELD, NM 87413

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

9-7-10

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

Batch #: 2193
Article #: 71106605959000125649
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3835

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 **MARTHA DELL FREDERICK 2001 TR**
1203 CRESTVIEW DR

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

CLEBURNE, TX 76031-6016

Form 3800, August 2005 See Reverse for Instructions



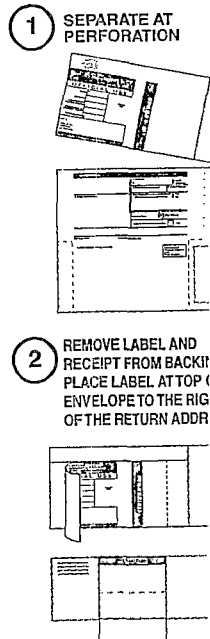
7110 6605 9590 0013 3835

MARTHA DELL FREDERICK 2001 TR
1203 CRESTVIEW DR
CLEBURNE, TX 76031-6016

Batch #: 2273
Article #: 71106605959000133835
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-001 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3835	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARTHA DELL FREDERICK 2001 TR 1203 CRESTVIEW DR CLEBURNE, TX 76031-6016	D. Is 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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3835	A. Signature ☐ Agent <i>Martha Dell Frederick</i> ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Martha Dell Frederick</i> <i>9/14/2010</i>
MARTHA DELL FREDERICK 2001 TR 1203 CRESTVIEW DR CLEBURNE, TX 76031-6016	D. Is 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 #: 71106605959000133835
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5663

Postage	\$		Postmark Here
Certified Fee		\$1-05	
Return Receipt Fee (endorsement Required)		\$2-80	
Restricted Delivery Fee (endorsement Required)		\$2-30	
		\$0-00	
Total Postage & Fees	\$	\$6-15	

ent To

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

MARTHA DIXON
311 W. TAGGARD STREET
BURNET, TX 78611

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5663

MARTHA DIXON
311 W. TAGGARD STREET
BURNET, TX 78611

Batch #: 2193
Article #: 71106605959000125663
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 5663

1. Article Addressed to:

MARTHA DIXON
311 W. TAGGARD STREET
BURNET, TX 78611

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



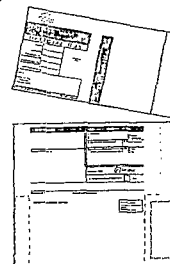
Certified

4. Restricted Delivery? (Extra Fee)

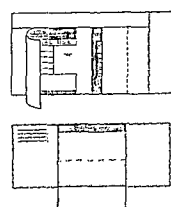
☐

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 0012 5663

1. Article Addressed to:

MARTHA DIXON
311 W. TAGGARD STREET
BURNET, TX 78611

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

MARY D. PAYNE

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 #: 2193
Article #: 71106605959000125663
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5656

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

MARTHA A SIAU
PO BOX 347
EAGLE NEST, NM 87718

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5656

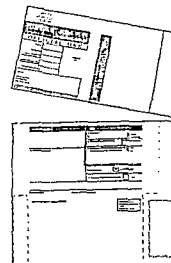
MARTHA A SIAU
PO BOX 347
EAGLE NEST, NM 87718

Batch #: 2193
Article #: 71106605959000125656
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

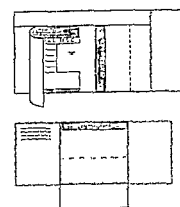
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5656	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARTHA A SIAU PO BOX 347 EAGLE NEST, NM 87718	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 0012 5656	A. Signature X <i>M. Siau</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARTHA A SIAU PO BOX 347 EAGLE NEST, NM 87718	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 #: 2193
Article #: 71106605959000125656
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

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7110 6605 9590 0012 5670

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.
ity, State, Zip+4

MARTHA ELIZABETH DUGAN
PO BOX 1453
GRANBURY, TX 76048-8453

PS Form 3810, August 2006, PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5670

MARTHA ELIZABETH DUGAN
PO BOX 1453
GRANBURY, TX 76048-8453

Batch #: 2193
Article #: 71106605959000125670
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCP-100-R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5670	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARTHA ELIZABETH DUGAN PO BOX 1453 GRANBURY, TX 76048-8453	D. Is 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



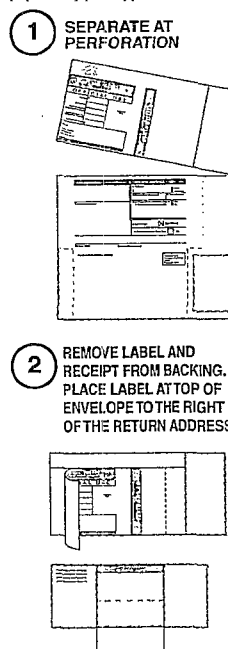
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

Batch #: 2193
Article #: 71106605959000125670
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5687

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

ent To

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

MARTHA J ATKINS
2209 N PARKWOOD ST
HARLINGEN, TX 78550-8024

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5687

MARTHA J ATKINS
2209 N PARKWOOD ST
HARLINGEN, TX 78550-8024

Batch #: 2193
Article #: 71106605959000125687
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5687	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARTHA J ATKINS 2209 N PARKWOOD ST HARLINGEN, TX 78550-8024	D. Is 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

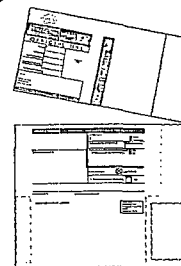
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2193
Article #: 71106605959000125687
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

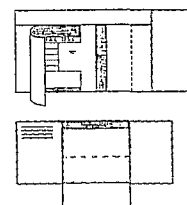
3

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





7110 6605 9590 0012 5694	
Postage	\$
Certified Fee	\$1.05
Return Receipt Fee (endorsement Required)	\$2.80
Restricted Delivery Fee (endorsement Required)	\$2.30
Total Postage & Fees	\$0.00
	\$6.15

Postmark Here

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

MARTHA K WILLIAMSON
4662 S FRASER CIR, APT D
AURORA, CO 80015

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5694

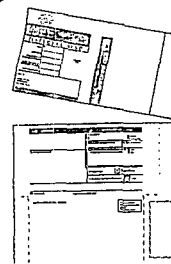
MARTHA K WILLIAMSON
4662 S FRASER CIR, APT D
AURORA, CO 80015

Batch #: 2193
Article #: 71106605959000125694
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

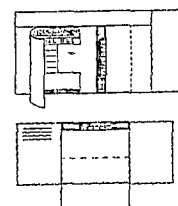
Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5694	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARTHA K WILLIAMSON 4662 S FRASER CIR, APT D AURORA, CO 80015	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 0012 5694	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARTHA K WILLIAMSON 4662 S FRASER CIR, APT D AURORA, CO 80015	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 #: 2193
Article #: 71106605959000125694
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 5700

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

MARTHA M TUCKER
PO BOX 2822
HOUSTON, TX 77252-2822

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



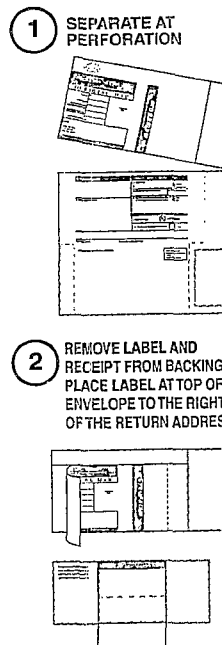
7110 6605 9590 0012 5700

MARTHA M TUCKER
PO BOX 2822
HOUSTON, TX 77252-2822

Batch #: 2193
Article #: 71106605959000125700
Date/Time: 8/31/2010 12:27:45 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 0012 5700	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARTHA M TUCKER PO BOX 2822 HOUSTON, TX 77252-2822	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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5700	A. Signature X J. Felden ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery SEP 07 2010
MARTHA M TUCKER PO BOX 2822 HOUSTON, TX 77252-2822	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 #: 2193
Article #: 71106605959000125700
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3842

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.,
PO Box No.
ity, State, Zip+4

MARVIN LAYLAND
1336 E FARM RD 4
CLEBURNE, TX 76031

Form 3800, August 2005 See Reverse for Instructions

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

CERTIFIED MAIL™

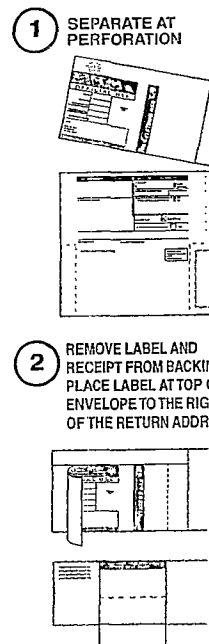
7110 6605 9590 0013 3842

MARVIN LAYLAND
1336 E FARM RD 4
CLEBURNE, TX 76031

Batch #: 2273
Article #: 71106605959000133842
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3842	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARVIN LAYLAND 1336 E FARM RD 4 CLEBURNE, TX 76031	D. Is 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	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3842	A. Signature X ☒ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>Steve Parr</i>	C. Date of Delivery <i>9-20-10</i>
MARVIN LAYLAND 1336 E FARM RD 4 CLEBURNE, TX 76031	D. Is 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 #: 71106605959000133842
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5717

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	

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

MARY ANN ISERN DEEN
C/O JANET CRANE CPA
4615 CAMELOT
GREAT BEND, KS 67530

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5717

MARY ANN ISERN DEEN
C/O JANET CRANE CPA
4615 CAMELOT
GREAT BEND, KS 67530

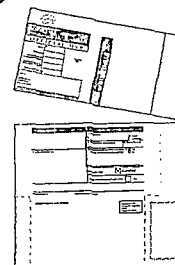
Batch #: 2193
Article #: 71106605959000125717
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 3800 rev. 01/07

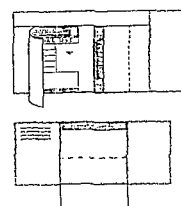
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5717	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARY ANN ISERN DEEN C/O JANET CRANE CPA 4615 CAMELOT GREAT BEND, KS 67530	D. Is delivery address different from 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 0012 5717	A. Signature X <i>Janet Crane</i> ☐ Agent ☒ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>JANET CRANE</i>	C. Date of Delivery <i>9-1-10</i>
MARY ANN ISERN DEEN C/O JANET CRANE CPA 4615 CAMELOT GREAT BEND, KS 67530	D. Is 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 #: 2193
Article #: 71106605959000125717
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5724

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	

ent To

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

MARY ANNE HOWARD
438 FOX BRIAR
SUGARLAND, TX 77478-3717

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5724

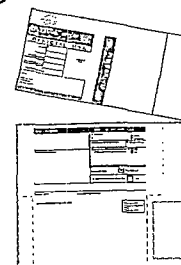
MARY ANNE HOWARD
438 FOX BRIAR
SUGARLAND, TX 77478-3717

Batch #: 2193
Article #: 71106605959000125724
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

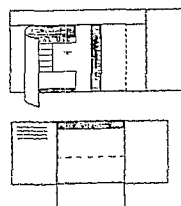
Reorder Form LCD R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5724	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARY ANNE HOWARD 438 FOX BRIAR SUGARLAND, TX 77478-3717	D. Is 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 0012 5724	A. Signature ☐ Agent X <i>M.A. Howard</i> ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery 9-10-10
MARY ANNE HOWARD 438 FOX BRIAR SUGARLAND, TX 77478-3717	D. Is 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 #: 2193
Article #: 71106605959000125724
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5731

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	

ent To

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

MARY CAROLYN CUTLER CLIFFORD
1115 THISTLEMEADE DR
HOUSTON, TX 77094

Form 3800, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5731

MARY CAROLYN CUTLER CLIFFORD
1115 THISTLEMEADE DR
HOUSTON, TX 77094

Batch #: 2193
Article #: 71106605959000125731
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD R rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5731		A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery	
MARY CAROLYN CUTLER CLIFFORD 1115 THISTLEMEADE DR HOUSTON, TX 77094		D. Is 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

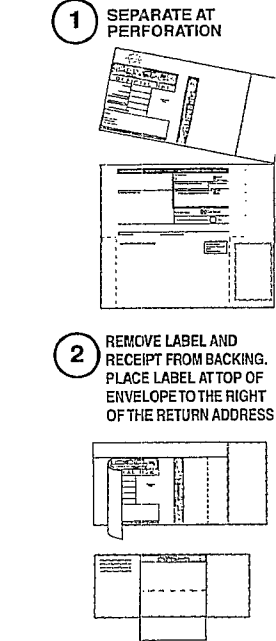
Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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



Batch #: 2193
Article #: 71106605959000125731
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

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7110 6605 9590 0012 5748

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

MARY DOLL INGRAM MANAGEMENT TRUST
C/O MEREDITH I GARTNER TRTEE
483 NORTH POST OAK LANE
HOUSTON, TX 77024

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5748

MARY DOLL INGRAM MANAGEMENT TRUST
C/O MEREDITH I GARTNER TRTEE
483 NORTH POST OAK LANE
HOUSTON, TX 77024

Batch #: 2193
Article #: 71106605959000125748
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5748	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARY DOLL INGRAM MANAGEMENT TRUST C/O MEREDITH I GARTNER TRTEE 483 NORTH POST OAK LANE HOUSTON, TX 77024	D. Is 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

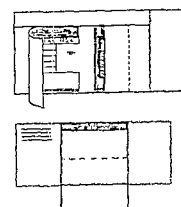
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5748	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARY DOLL INGRAM MANAGEMENT TRUST C/O MEREDITH I GARTNER TRTEE 483 NORTH POST OAK LANE HOUSTON, TX 77024	D. Is delivery 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 #: 2193
Article #: 71106605959000125748
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5755

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

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

MARY E CAUBLE WALKER
214 BAYVIEW
CITY BY THE SEA, TX 78336-6701

Form 3811, August 2006, PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5755

MARY E CAUBLE WALKER
214 BAYVIEW
CITY BY THE SEA, TX 78336-6701

Batch #: 2193
Article #: 71106605959000125755
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 844R rev. 01/07

2. Article Number 7110 6605 9590 0012 5755	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: MARY E CAUBLE WALKER 214 BAYVIEW CITY BY THE SEA, TX 78336-6701	
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

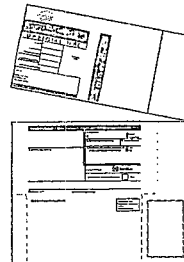
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2193
Article #: 71106605959000125755
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

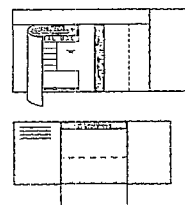
3

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





7110 6605 9590 0012 5762

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	

Sent To

Street, Apt. No.,
PO Box No.,
City, State, Zip+4MARY E NEVITT
3412 RIVERBEND RD
MUSKOGEE, OK 74403-2337

PS Form 3810, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5762

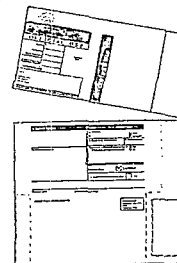
MARY E NEVITT
3412 RIVERBEND RD
MUSKOGEE, OK 74403-2337Batch #: 2193
Article #: 71106605959000125762
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

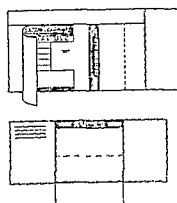
2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5762		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
MARY E NEVITT 3412 RIVERBEND RD MUSKOGEE, OK 74403-2337		D. Is delivery address different from item 1? ☐ Yes 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 0012 5762		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
MARY E NEVITT 3412 RIVERBEND RD MUSKOGEE, OK 74403-2337		D. Is 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 #: 2193
Article #: 71106605959000125762
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5779

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
MAY ELIZABETH HARDIE ROYALTY TRUST
THORNTON HARDIE III TRUSTEE
3904 MARQUETTE ST
DALLAS, TX 75225

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5779

MARY ELIZABETH HARDIE ROYALTY TRUST
THORNTON HARDIE III TRUSTEE
3904 MARQUETTE ST
DALLAS, TX 75225

Batch #: 2193
Article #: 71106605959000125779
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

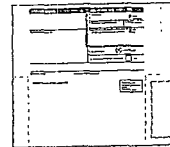
2. Article Number 7110 6605 9590 0012 5779	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

Code: Allocation Project - D.Howell

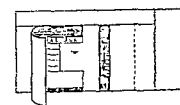
2. Article Number 7110 6605 9590 0012 5779	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Thornton Hardie</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) <i>Thornton Hardie</i> C. Date of Delivery <i>9-3-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	--

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 #: 2193
Article #: 71106605959000125779
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

Domestic Return Receipt

LIFT HERE



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

7110 6605 9590 0012 5786

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

ent To

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

MARY F LOVE
757 ASHLEY RD
MONTICITO, CA 93108

SI Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5786

MARY F LOVE
757 ASHLEY RD
MONTICITO, CA 93108

Batch #: 2193
Article #: 71106605959000125786
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

Reorder Form LCD-814 01/07

2. Article Number

7110 6605 9590 0012 5786

1. Article Addressed to:

MARY F LOVE
757 ASHLEY RD
MONTICITO, CA 93108

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

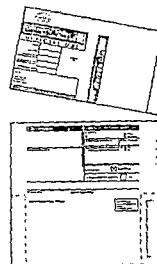
3. Service Type

☒ Certified

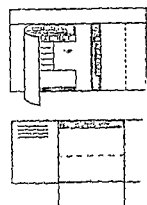
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT
PERFORATION



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



2. Article Number

7110 6605 9590 0012 5786

1. Article Addressed to:

MARY F LOVE
757 ASHLEY RD
MONTICITO, CA 93108

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Mary Love

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/4/10

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

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

Batch #: 2193
Article #: 71106605959000125786
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:

PS

3

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

7110 6605 9590 0012 5793

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

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

MARY FRANCES TURNER JR TR 6743
PO BOX 99084
FORT WORTH, TX 76199-0084

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5793

MARY FRANCES TURNER JR TR 6743
PO BOX 99084
FORT WORTH, TX 76199-0084

Batch #: 2193
Article #: 71106605959000125793
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 5793

1. Article Addressed to:

MARY FRANCES TURNER JR TR 6743
PO BOX 99084
FORT WORTH, TX 76199-0084

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee

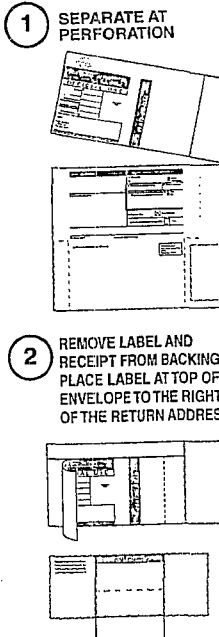
X

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0012 5793

1. Article Addressed to:

MARY FRANCES TURNER JR TR 6743
PO BOX 99084
FORT WORTH, TX 76199-0084

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

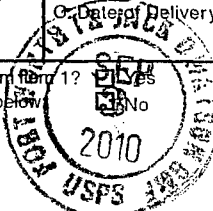
X [Signature]

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

D. Is 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 #: 2193
Article #: 71106605959000125793
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LC# R rev. 01/07



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

7110 6605 9590 0012 5809

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	

sent To

MARY G TEESDALE TRUSTEE
1600 TEXAS ST #913
FORT WORTH, TX 76102

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5809

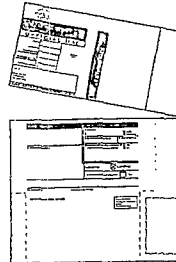
MARY G TEESDALE TRUSTEE
1600 TEXAS ST #913
FORT WORTH, TX 76102

Batch #: 2193
Article #: 71106605959000125809
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

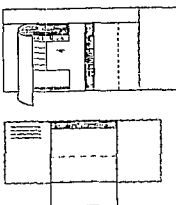
Reorder Form LCD, Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5809		
1. Article Addressed to:		
MARY G TEESDALE TRUSTEE 1600 TEXAS ST #913 FORT WORTH, TX 76102		
	A. Signature X ☐ Agent ☐ Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5809		
1. Article Addressed to:		
MARY G TEESDALE TRUSTEE 1600 TEXAS ST #913 FORT WORTH, TX 76102		
	A. Signature X Denise Male ☐ Agent ☐ Addressee	
	B. Received by (Printed Name)	C. Date of Delivery 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	
Code: Allocation Project - D.Howell		

Batch #: 2193
Article #: 71106605959000125809
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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7110 6605 9590 0012 5816

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	

Int To

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

MARY GENE BLOOMQUIST
14050 E LINVALE PL #202
AURORA, CO 80014-5533

Form 3811, August 2008, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5816

MARY GENE BLOOMQUIST
14050 E LINVALE PL #202
AURORA, CO 80014-5533

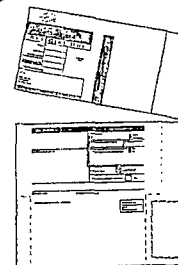
Batch #: 2193
Article #: 71106605959000125816
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 10/07 rev. 01/07

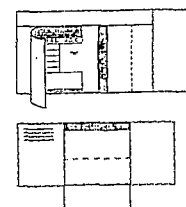
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5816	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY GENE BLOOMQUIST 14050 E LINVALE PL #202 AURORA, CO 80014-5533	D. Is delivery address different from item 1? ☐ 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 0012 5816	A. Signature X <i>M. Bloomquist</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>M. Bloomquist</i> <i>9/3/10</i>
MARY GENE BLOOMQUIST 14050 E LINVALE PL #202 AURORA, CO 80014-5533	D. Is 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 #: 2193
Article #: 71106605959000125816
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5823

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	

ant To
reet, Apt. No.;
PO Box No.
ty, State, Zip+4

MARY ISABEL HOFFMANN
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5823

MARY ISABEL HOFFMANN
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Batch #: 2193
Article #: 71106605959000125823
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form L001 R rev. 01/07

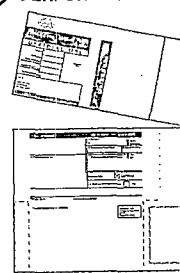
2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5823		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
MARY ISABEL HOFFMANN C/O BANK OF OKLAHOMA NA AGENT PO BOX 1588 TULSA, OK 74101		D. Is delivery address different 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

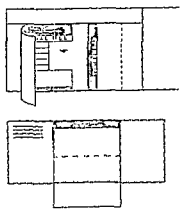
Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5823		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
MARY ISABEL HOFFMANN C/O BANK OF OKLAHOMA NA AGENT PO BOX 1588 TULSA, OK 74101		D. Is delivery address different 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 #: 2193
Article #: 71106605959000125823
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



US Postal Service
CERTIFIED MAIL RECEIPT
Mail Only; No Insurance Coverage Provided
Information Visit our website at www.usps.com
7110 6605 9590 0012 5830

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
MAY J BANKS
2104 WINTER SUNDAY WAY
ARLINGTON, TX 76012
Street, Apt. No.,
PO Box No.,
City, State, Zip+4

Code: Allocation Project - D.Howell



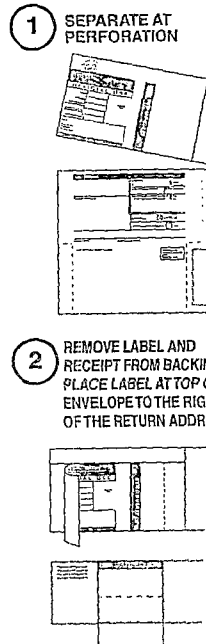
7110 6605 9590 0012 5830

MARY J BANKS
2104 WINTER SUNDAY WAY
ARLINGTON, TX 76012

Batch #: 2194
Article #: 71106605959000125830
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 5830	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: MARY J BANKS 2104 WINTER SUNDAY WAY ARLINGTON, TX 76012 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 5830	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</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: MARY J BANKS 2104 WINTER SUNDAY WAY ARLINGTON, TX 76012 Code: Allocation Project - D.Howell	

Batch #: 2194
Article #: 71106605959000125830
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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

MARY J CHAPPELL TRUST B
1422 E SANDRA TERR
PHOENIX, AZ 85022

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

Code: Allocation Project - D.Howell



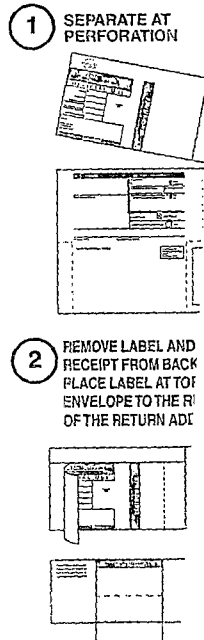
7110 6605 9590 0012 5847

MARY J CHAPPELL TRUST B
1422 E SANDRA TERR
PHOENIX, AZ 85022

Batch #: 2194
Article #: 71106605959000125847
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-81 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5847		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
MARY J CHAPPELL TRUST B 1422 E SANDRA TERR PHOENIX, AZ 85022		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	



2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5847		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>NEChappe II</i>	C. Date of Delivery
MARY J CHAPPELL TRUST B 1422 E SANDRA TERR PHOENIX, AZ 85022		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 #: 2194
Article #: 71106605959000125847
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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7110 6605 9590 0012 5854

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	

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

MARY J MILLER
23680 W 289TH TER
PAOLA, KS 66071

Form 3811, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



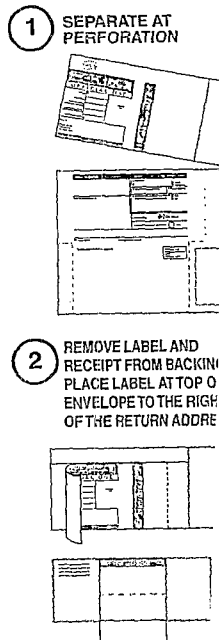
7110 6605 9590 0012 5854

MARY J MILLER
23680 W 289TH TER
PAOLA, KS 66071

Batch #: 2194
Article #: 71106605959000125854
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LOD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 5854	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
1. Article Addressed to: MARY J MILLER 23680 W 289TH TER PAOLA, KS 66071	



2. Article Number 7110 6605 9590 0012 5854	COMPLETE THIS SECTION ON DELIVERY A. Signature X Mary J. Miller ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery Mary J Miller 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 Code: Allocation Project - D.Howell
1. Article Addressed to: MARY J MILLER 23680 W 289TH TER PAOLA, KS 66071	

Batch #: 2194
Article #: 71106605959000125854
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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7110 6605 9590 0012 5861

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

MARY JO WELLS
5250 WOODLAWN AVENUE
CHEVY CHASE, MD 20815

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



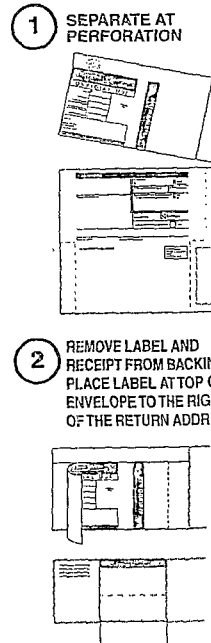
7110 6605 9590 0012 5861

MARY JO WELLS
5250 WOODLAWN AVENUE
CHEVY CHASE, MD 20815

Batch #: 2194
Article #: 71106605959000125861
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811 v. 01/07

2. Article Number 7110 6605 9590 0012 5861	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
1. Article Addressed to: MARY JO WELLS 5250 WOODLAWN AVENUE CHEVY CHASE, MD 20815	



2. Article Number 7110 6605 9590 0012 5861	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Mary Jo Wells</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 Code: Allocation Project - D.Howell
1. Article Addressed to: MARY JO WELLS 5250 WOODLAWN AVENUE CHEVY CHASE, MD 20815	

Batch #: 2194
Article #: 71106605959000125861
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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7110 6605 9590 0012 5878

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

MARY K CLEMENTS
31407 HIGHWAY 136
MARYVILLE, MO 64468

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5878

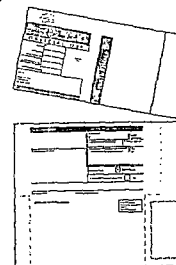
MARY K CLEMENTS
31407 HIGHWAY 136
MARYVILLE, MO 64468

Batch #: 2194
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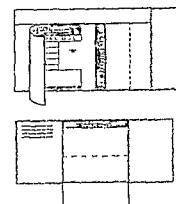
Reorder Form LCD-81 V. 01/07

2. Article Number 7110 6605 9590 0012 5878	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: MARY K CLEMENTS 31407 HIGHWAY 136 MARYVILLE, MO 64468 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0012 5878	COMPLETE THIS SECTION ON DELIVERY A. Signature X Russell A. Clements ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery Russell A. Clements 9-7-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 1. Article Addressed to: MARY K CLEMENTS 31407 HIGHWAY 136 MARYVILLE, MO 64468 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	---

Batch #: 2194
Article #: 71106605959000125878
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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 7110 6605 9590 0012 5885

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: MARY KATHRYN DUNNAM LADEWIG
 1373 WOODBROOK LANE
 SOUTHLAKE, TX 76092

Form 3800, August 2006. See Reverse for Instructions.

Code: Allocation Project - D.Howell



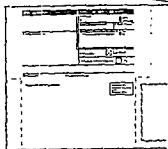
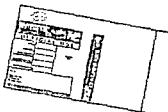
7110 6605 9590 0012 5885

MARY KATHRYN DUNNAM LADEWIG
 1373 WOODBROOK LANE
 SOUTHLAKE, TX 76092

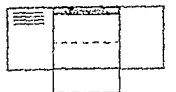
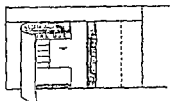
Batch #: 2194
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 Date/Time: 8/31/2010 12:34:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5885	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	
1. Article Addressed to:	MARY KATHRYN DUNNAM LADEWIG 1373 WOODBROOK LANE SOUTHLAKE, TX 76092	
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 0012 5885	A. Signature ☐ Agent X ☐ Addressee B. Received by (Printed Name) C. Date of Delivery K. LADEWIG 8/31/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
1. Article Addressed to:	MARY KATHRYN DUNNAM LADEWIG 1373 WOODBROOK LANE SOUTHLAKE, TX 76092	
3. Service Type		☒ Certified
4. Restricted Delivery? (Extra Fee)		☐ Yes
Code: Allocation Project - D.Howell		

Batch #: 2194
 Article #: 71106605959000125885
 Date/Time: 8/31/2010 12:34:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:

3



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7110 6605 9590 0012 5892

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

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

MARY L ADKISSON
104 E DOUGLAS ST
ONEILL, NE 68763

PS Form 3810, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



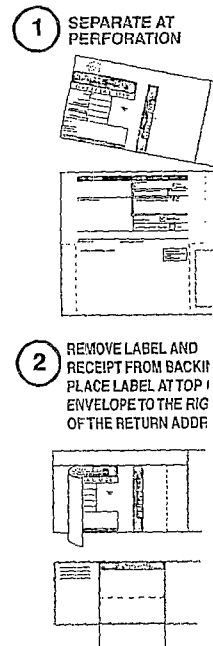
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MARY L ADKISSON
104 E DOUGLAS ST
ONEILL, NE 68763

Batch #: 2194
Article #: 71106605959000125892
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-81-101/07

2. Article Number 7110 6605 9590 0012 5892	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: MARY L ADKISSON 104 E DOUGLAS ST ONEILL, NE 68763 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 5892	COMPLETE THIS SECTION ON DELIVERY A. Signature X Mary L. Adkisson ☐ Agent ☐ Addressee B. Received by (Printed Name) Mary L. Adkisson C. Date of Delivery 9/4/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MARY L ADKISSON 104 E DOUGLAS ST ONEILL, NE 68763 Code: Allocation Project - D.Howell	

Batch #: 2194
Article #: 71106605959000125892
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:





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7110 6605 9590 0012 5908

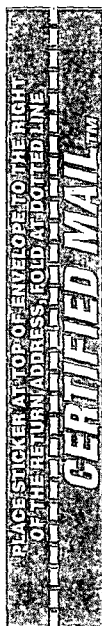
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

MARY L HERROLD REVOC TR
8677 E 104TH PL S
TULSA, OK 74133

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5908

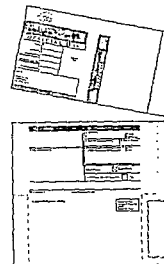
MARY L HERROLD REVOC TR
8677 E 104TH PL S
TULSA, OK 74133

Batch #: 2194
Article #: 71106605959000125908
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

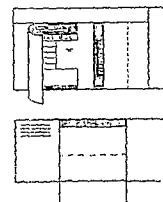
Reorder Form LCD-811 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5908	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY L HERROLD REVOC TR 8677 E 104TH PL S TULSA, OK 74133	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 OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5908	A. Signature <i>[Signature]</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY L HERROLD REVOC TR 8677 E 104TH PL S TULSA, OK 74133	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	SEP 0 : 2010
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2194
Article #: 71106605959000125908
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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7110 6605 9590 0012 5915

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
MAY LINDA LEY AMENT
1310 CARAVELLE CT
KATY, TX 77494-1820

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5915

MARY LINDA LEY AMENT
1310 CARAVELLE CT
KATY, TX 77494-1820

Batch #: 2194
Article #: 71106605959000125915
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

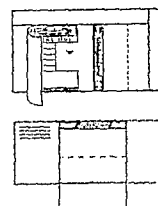
PS Form 3810, August 2006 See Reverse for Instructions

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5915	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY LINDA LEY AMENT 1310 CARAVELLE CT KATY, TX 77494-1820	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 THE RETURN ADDRESS.



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5915	A. Signature X Linda Ament ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY LINDA LEY AMENT 1310 CARAVELLE CT KATY, TX 77494-1820	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 #: 2194
Article #: 71106605959000125915
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3



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7110 6605 9590 0012 5922

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

MARY LINDA LEY CUTLER CHILDRES TRST
1310 CARAVELLE CT
KATY, TX 77494

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5922

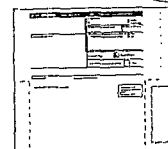
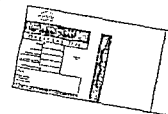
MARY LINDA LEY CUTLER CHILDRES TRST
1310 CARAVELLE CT
KATY, TX 77494

Batch #: 2194
Article #: 71106605959000125922
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Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

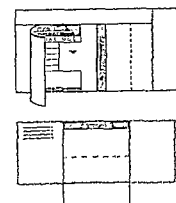
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5922	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY LINDA LEY CUTLER CHILDRES TRST 1310 CARAVELLE CT KATY, TX 77494	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 OF ENVELOPE. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS.



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5922	A. Signature X <i>Linda Bennett</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY LINDA LEY CUTLER CHILDRES TRST 1310 CARAVELLE CT KATY, TX 77494	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 #: 2194
Article #: 71106605959000125922
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 5939

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	

Deliver To
MAY LYNNE BRUNNER REV TR UA JULY 7
2171 E CYPRESS CANYON DR
GREEN VALLEY, AZ 85614

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



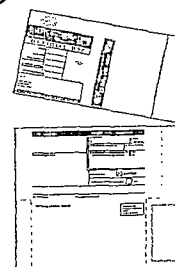
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MARY LYNNE BRUNNER REV TR UA JULY 7
2171 E CYPRESS CANYON DR
GREEN VALLEY, AZ 85614

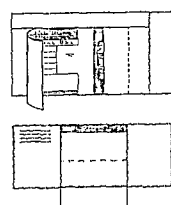
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Article #: 71106605959000125939
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5939	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY LYNNE BRUNNER REV TR UA JULY 7 2171 E CYPRESS CANYON DR GREEN VALLEY, AZ 85614	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 0012 5939	A. Signature X <i>Mary Lynne Brunner</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY LYNNE BRUNNER REV TR UA JULY 7 2171 E CYPRESS CANYON DR GREEN VALLEY, AZ 85614	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 #: 2194
Article #: 71106605959000125939
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5946

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

ent To

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

MARY MAUDE STEPHENSON TRUST
PO BOX 840738
DALLAS, TX 75284-0738

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5946

MARY MAUDE STEPHENSON TRUST
PO BOX 840738
DALLAS, TX 75284-0738

Batch #: 2194
Article #: 71106605959000125946
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD- rev. 01/07

2. Article Number

7110 6605 9590 0012 5946

1. Article Addressed to:

MARY MAUDE STEPHENSON TRUST
PO BOX 840738
DALLAS, TX 75284-0738

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

7110 6605 9590 0012 5946

1. Article Addressed to:

MARY MAUDE STEPHENSON TRUST
PO BOX 840738
DALLAS, TX 75284-0738

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

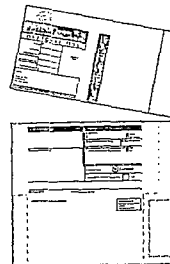
3. Service Type

☒ Certified

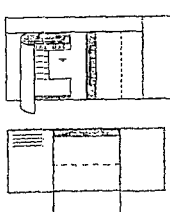
4. Restricted Delivery? (Extra Fee)

☐ 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



Batch #: 2194
Article #: 71106605959000125946
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5953

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

MARY MENGEL TALSMAS
420 BARCUS RD
RUIDOSO, NM 88345

PS Form 3800, August 2006 (Rev. 1) See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5953

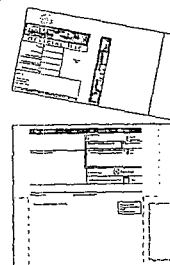
MARY MENGEL TALSMAS
420 BARCUS RD
RUIDOSO, NM 88345

Batch #: 2194
Article #: 71106605959000125953
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

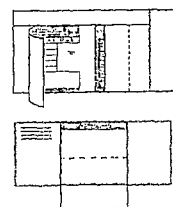
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5953	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY MENGEL TALSMAS 420 BARCUS RD RUIDOSO, NM 88345	D. Is delivery address different from item 1? ☐ Yes If YES enter 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 0012 5953	A. Signature X Mary Talsma ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery Mary Talsma 8/31/2010
MARY MENGEL TALSMAS 420 BARCUS RD RUIDOSO, NM 88345	D. Is 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 #: 2194
Article #: 71106605959000125953
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0013 3859

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 **MARY PATRICIA O'HORNETT PETERSDORF**
5148 W AQUAMARINE ST
TUCSON, AZ 85741

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

Form 3811, August 2006 See Reverse for Instructions



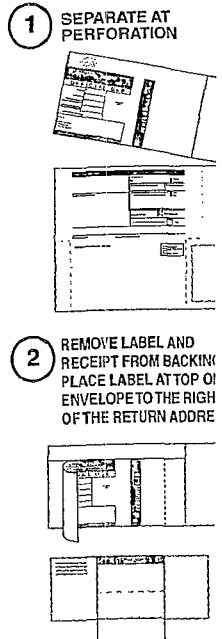
7110 6605 9590 0013 3859

MARY PATRICIA O'HORNETT PETERSDORF
5148 W AQUAMARINE ST

TUCSON, AZ 85741

Batch #: 2273
Article #: 71106605959000133859
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0013 3859	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: MARY PATRICIA O'HORNETT PETERSDORF 5148 W AQUAMARINE ST TUCSON, AZ 85741	



2. Article Number 7110 6605 9590 0013 3859	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Mary Patricia O'Hornett Petersdorf</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) MARY PETERSDORF C. Date of Delivery SEP 14 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
1. Article Addressed to: MARY PATRICIA O'HORNETT PETERSDORF 5148 W AQUAMARINE ST TUCSON, AZ 85741	

Batch #: 2273
Article #: 71106605959000133859
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5960

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

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

MARY S ZICK
9 HARBOR LN
KEY LARGO, FL 33037

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5960

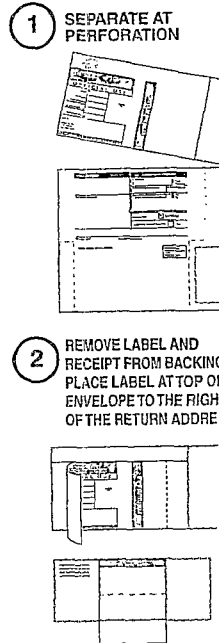
MARY S ZICK
9 HARBOR LN
KEY LARGO, FL 33037

Batch #: 2194
Article #: 71106605959000125960
Date/Time: 8/31/2010 12:34:12 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 0012 5960	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARY S ZICK 9 HARBOR LN KEY LARGO, FL 33037	D. Is 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 0012 5960	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARY S ZICK 9 HARBOR LN KEY LARGO, FL 33037	D. Is 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 #: 2194
Article #: 71106605959000125960
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 5977

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

MARY VIRGINIA THOMPSON
P O BOX 8224
SANTA FE, NM 87504-8224

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



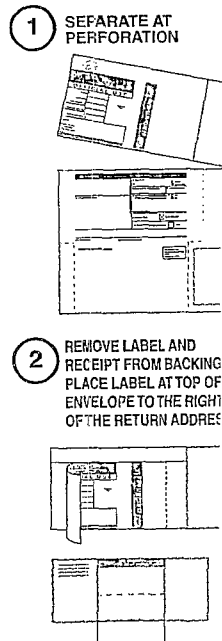
7110 6605 9590 0012 5977

MARY VIRGINIA THOMPSON
P O BOX 8224
SANTA FE, NM 87504-8224

Batch #: 2194
Article #: 71106605959000125977
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2 Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5977	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY VIRGINIA THOMPSON P O BOX 8224 SANTA FE, NM 87504-8224	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



2 Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5977	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY VIRGINIA THOMPSON P O BOX 8224 SANTA FE, NM 87504-8224	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 #: 2194
Article #: 71106605959000125977
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5984

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

MATIAS A ZAMORA
PO BOX 28667
SANTA FE, NM 87592-8667

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5984

MATIAS A ZAMORA
PO BOX 28667
SANTA FE, NM 87592-8667

Batch #: 2194
Article #: 71106605959000125984
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 5984

1. Article Addressed to:

MATIAS A ZAMORA
PO BOX 28667
SANTA FE, NM 87592-8667

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

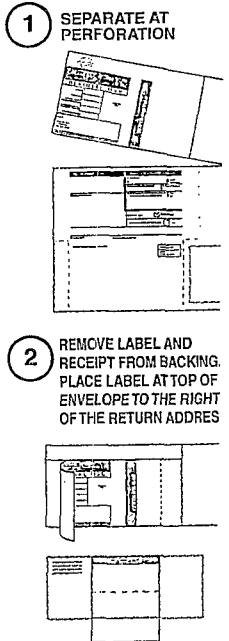
A. Signature ☒ Agent
X ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0012 5984

1. Article Addressed to:

MATIAS A ZAMORA
PO BOX 28667
SANTA FE, NM 87592-8667

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☒ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2194
Article #: 71106605959000125984
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5991

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

MAURICIO E GOMEZ & MARY M GOMEZ REV
14773 STAND LN
DELRAY BEACH, FL 33446

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5991

MAURICIO E GOMEZ & MARY M GOMEZ REV
14773 STAND LN
DELRAY BEACH, FL 33446

Batch #: 2194
Article #: 71106605959000125991
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 rev. 01/07

2. Article Number

7110 6605 9590 0012 5991

1. Article Addressed to:

MAURICIO E GOMEZ & MARY M GOMEZ REV
14773 STAND LN
DELRAY BEACH, FL 33446

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

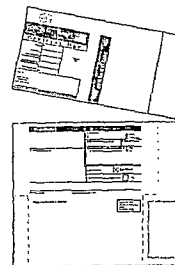
3. Service Type

☒ Certified

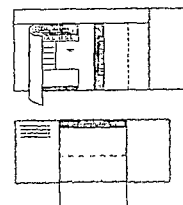
4. Restricted Delivery? (Extra Fee)

☐ 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 0012 5991

1. Article Addressed to:

MAURICIO E GOMEZ & MARY M GOMEZ REV
14773 STAND LN
DELRAY BEACH, FL 33446

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 #: 2194
Article #: 71106605959000125991
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3866

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
MB ARMER TEST TR
2455 N WOODLAWN BLVD APT 335
WICHITA, KS 67220-3954

Form 3800, August 2006 See Reverse for Instructions

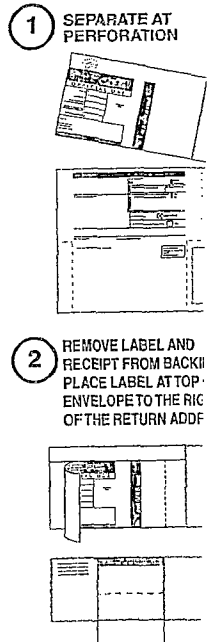
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 3866

MB ARMER TEST TR
2455 N WOODLAWN BLVD APT 335
WICHITA, KS 67220-3954

Batch #: 2273
Article #: 711066059590000133866
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3866	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MB ARMER TEST TR 2455 N WOODLAWN BLVD APT 335 WICHITA, KS 67220-3954	D. Is 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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3866	A. Signature X <i>Tiffany Green</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Tiffany Green</i> <i>9/14/10</i>
MB ARMER TEST TR 2455 N WOODLAWN BLVD APT 335 WICHITA, KS 67220-3954	D. Is 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 #: 711066059590000133866
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:



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7110 6605 9590 0012 6004

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	

Mail To
JEWEL M. LANIER
P. O. BOX 5555
MCALLEN, TX 78502-5555

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6004

MCALLEN NATIONAL BANK, INDP EXC O/E
JEWEL M. LANIER
P. O. BOX 5555
MCALLEN, TX 78502-5555

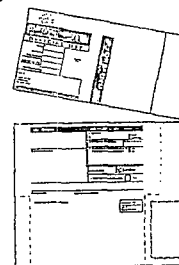
Batch #: 2194
Article #: 71106605959000126004
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

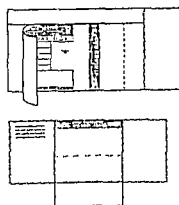
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6004	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MCALLEN NATIONAL BANK, INDP EXC O/E JEWEL M. LANIER P. O. BOX 5555 MCALLEN, TX 78502-5555	D. Is delivery address different 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 0012 6004	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery SEP 7 2010
MCALLEN NATIONAL BANK, INDP EXC O/E JEWEL M. LANIER P. O. BOX 5555 MCALLEN, TX 78502-5555	D. Is 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 #: 2194
Article #: 71106605959000126004
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6011

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

MCELVAIN OIL COMPANY
C/O DAVID P MCELVAIN
PO BOX 801888
DALLAS, TX 75380-1888

Form 3811 (August 2006) See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6011

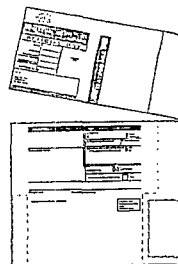
MCELVAIN OIL COMPANY
C/O DAVID P MCELVAIN
PO BOX 801888
DALLAS, TX 75380-1888

Batch #: 2194
Article #: 71106605959000126011
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

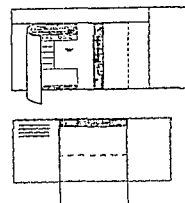
Reorder Form LCD-8 (Rev. 01/07)

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6011	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MCELVAIN OIL COMPANY C/O DAVID P MCELVAIN PO BOX 801888 DALLAS, TX 75380-1888	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 0012 6011	A. Signature X <i>Jana M Wood</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MCELVAIN OIL COMPANY C/O DAVID P MCELVAIN PO BOX 801888 DALLAS, TX 75380-1888	<i>Jana M Wood</i> <i>9/8/10</i>
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2194
Article #: 71106605959000126011
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6028

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

MCKAY OIL & GAS LLC
P O BOX 14738
ALBUQUERQUE, NM 87191-0738

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6028

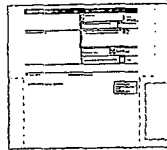
MCKAY OIL & GAS LLC
P O BOX 14738
ALBUQUERQUE, NM 87191-0738

Batch #: 2194
Article #: 71106605959000126028
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

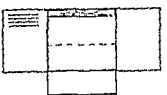
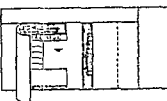
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6028	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MCKAY OIL & GAS LLC P O BOX 14738 ALBUQUERQUE, NM 87191-0738	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 0012 6028	A. Signature X <i>W J Mayhew</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MCKAY OIL & GAS LLC P O BOX 14738 ALBUQUERQUE, NM 87191-0738	<i>W J Mayhew</i> <i>9/2/10</i>
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2194
Article #: 71106605959000126028
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0013 3873

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 **MCLISH RESOURCES LLP**
633 17TH ST #1650

DENVER, CO 80202

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

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3873

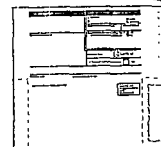
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633 17TH ST #1650
DENVER, CO 80202

Batch #: 2273
Article #: 71106605959000133873
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Code2:
File #:
Internal File #:
Internal Code #:

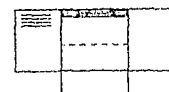
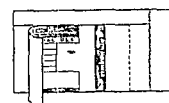
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0013 3873	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: MCLISH RESOURCES LLP 633 17TH ST #1650 DENVER, CO 80202	

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 3873	COMPLETE THIS SECTION ON DELIVERY A. Signature X CJ Watson ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery CJ WATSON 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
1. Article Addressed to: MCLISH RESOURCES LLP 633 17TH ST #1650 DENVER, CO 80202	

Batch #: 2273
Article #: 71106605959000133873
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6035

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.
ity, State, Zip+4

MEADOWS FAMILY PARTNERSHIP
6053 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D. Howell



7110 6605 9590 0012 6035

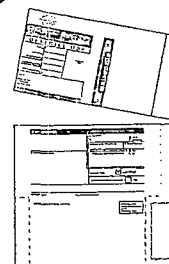
MEADOWS FAMILY PARTNERSHIP
6053 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

Batch #: 2194
Article #: 71106605959000126035
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D. Howell
Code2:
File #:
Internal File #:
Internal Code #:

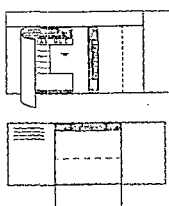
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6035	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MEADOWS FAMILY PARTNERSHIP 6053 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211	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 0012 6035	A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>John M. McLoe</i> <i>8/31/10</i>
MEADOWS FAMILY PARTNERSHIP 6053 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211	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 #: 2194
Article #: 71106605959000126035
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D. Howell
Code2:
File #:
Internal File #:
Internal Code #:

Property Information Form

☒ Initiate
☐ Modify
☐ Inactivate



PIF Comments / Instructions (Not Entered in System)

This PIF serves to create a new property code for the Dakota completion of the Atlantic B Com 9B.

Date: 09/24/2010

Requestor: Thompson, Vanessa M

AFE#: WAN.CDR.9314

Yes, assign new property code

Property Code

Production

Exploration

A716025

Property Name ATLANTIC B COM

Well Id 9B

Property Type COP - Company C

Carried Interest No

County / Parish SAN JUAN

State NM

TOBIN PROPERTY

COP Operated?: Yes

COP Oper. Code: 0216600001 BR

Outside Operator Code:

DOE Field Code F042233

DOE Field Name BASIN

Operator Name: BURLINGTON RESOURCES OIL & GAS COMPANY LP

DSM Completion Id: 1090130367

Operator Address:

DSM Field: SAN JUAN

Affiliate Name: ConocoPhillips

Unit: Yes

Effective Date for Property Set-Up: 9/1/2010

DOI by Tract: Yes

Organization: AA54637

Maintain Unit/Property Volume:

Division Order Region: San Juan / Rockies / Alaska

Onshore / Offshore: Onshore

Acres: 1

Tobin Property Remarks

S/2 Sec. 34, T31N R10W - Dakota Formation

NOVISTAR WELL INFORMATION

Well Name: ATLANTIC B COM

Well Type: Gas

Well Class: Development (2B)

API#: 3004535158

Interest Type: WI - Working

Well #: 9B

DRILLING INFORMATION

Hole Direction: Horizontal

Projected Total Depth: 7551

Reservoir Code & Name: FRR BASIN DAKOTA (PRORATED GAS)

Measured Depth:

Projected Formation: FRR

True Vertical Depth:

Surface Location: Sec 34, T031N, R010W, Unit Ltr:P

Include Line Measurement, Section, Township, Range



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7110 6605 9590 0012 6042

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

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

MEDICINE BOW LAND COMPANY LLC
P O BOX 888
LITTLETON, CO 80160-0888

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6042

MEDICINE BOW LAND COMPANY LLC
P O BOX 888
LITTLETON, CO 80160-0888

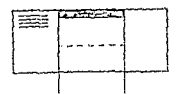
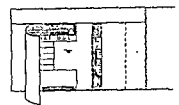
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Article #: 71106605959000126042
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6042	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MEDICINE BOW LAND COMPANY LLC P O BOX 888 LITTLETON, CO 80160-0888	D. Is 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		

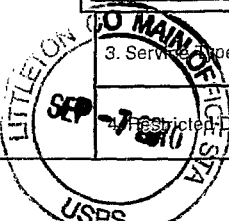
1 SEPARATE AT PERFORATION



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 0012 6042	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MEDICINE BOW LAND COMPANY LLC P O BOX 888 LITTLETON, CO 80160-0888	D. Is 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		



3

Batch #: 2194
Article #: 71106605959000126042
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6059

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	

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

MEGAN ELIZABETH CALLAN
3578 SEAHORN CIR
SAN DIEGO, CA 92130

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6059

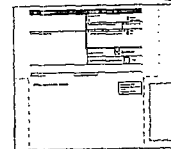
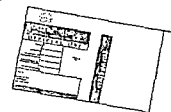
MEGAN ELIZABETH CALLAN
3578 SEAHORN CIR
SAN DIEGO, CA 92130

Batch #: 2194
Article #: 71106605959000126059
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Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

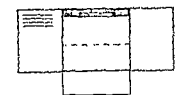
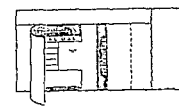
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6059	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MEGAN ELIZABETH CALLAN 3578 SEAHORN CIR SAN DIEGO, CA 92130	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 0012 6059	A. Signature X <i>Megan Callan</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MEGAN ELIZABETH CALLAN 3578 SEAHORN CIR SAN DIEGO, CA 92130	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 #: 2194
Article #: 71106605959000126059
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 6066

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

Post To

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

MELINDA MONTOYA
PO BOX 992
DULCE, NM 87528

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6066

MELINDA MONTOYA
PO BOX 992
DULCE, NM 87528

Batch #: 2194
Article #: 71106605959000126066
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 6066

1. Article Addressed to:

MELINDA MONTOYA
PO BOX 992
DULCE, NM 87528

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 6066

1. Article Addressed to:

MELINDA MONTOYA
PO BOX 992
DULCE, NM 87528

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

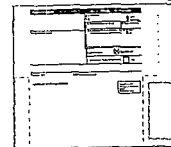
☒ Certified

4. Restricted Delivery? (Extra Fee)

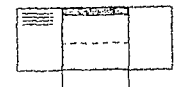
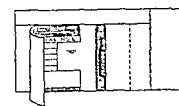
☐ Yes

Code: Allocation Project - D.Howell

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 #: 2194
Article #: 71106605959000126066
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6073

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

MELODY GIGER TOOHEY
3800 FLORA PLACE
ST LOUIS, MO 63110-3731

Form 3800, August 2006-7-1, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6073

MELODY GIGER TOOHEY
3800 FLORA PLACE
ST LOUIS, MO 63110-3731

Batch #: 2194
Article #: 71106605959000126073
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 6073

1. Article Addressed to:

MELODY GIGER TOOHEY
3800 FLORA PLACE
ST LOUIS, MO 63110-3731

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

7110 6605 9590 0012 6073

1. Article Addressed to:

MELODY GIGER TOOHEY
3800 FLORA PLACE
ST LOUIS, MO 63110-3731

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

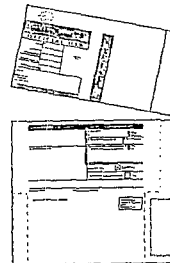
3. Service Type

☒ Certified

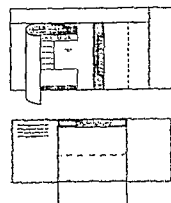
4. Restricted Delivery? (Extra Fee)

☐ 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



3

Batch #: 2194
Article #: 71106605959000126073
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6080

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	

Ant To

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

MERCEDES M SKIDMORE
210 E BAY BLVD
PORT HUENEME, CA 93041

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6080

MERCEDES M SKIDMORE
210 E BAY BLVD
PORT HUENEME, CA 93041

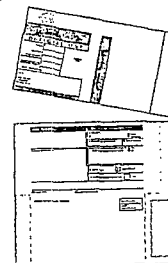
Batch #: 2194
Article #: 71106605959000126080
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

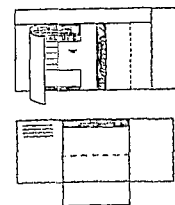
2. Article Number 7110 6605 9590 0012 6080	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: MERCEDES M SKIDMORE 210 E BAY BLVD PORT HUENEME, CA 93041	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0012 6080	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent Q. Skidmore ☐ 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: MERCEDES M SKIDMORE 210 E BAY BLVD PORT HUENEME, CA 93041	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126080
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6097

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

MERLAND EUGENE BUTTOLPH
101 AUGUSTA DR APT # 1
LOWDEN, IA 52255-9597

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6097

MERLAND EUGENE BUTTOLPH
101 AUGUSTA DR APT # 1
LOWDEN, IA 52255-9597

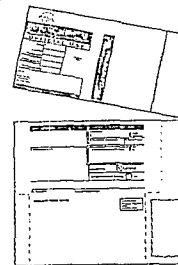
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Article #: 71106605959000126097
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

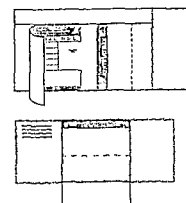
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6097	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MERLAND EUGENE BUTTOLPH 101 AUGUSTA DR APT # 1 LOWDEN, IA 52255-9597	D. Is delivery address different from item 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 0012 6097	A. Signature X <i>Darlene Buttolph</i> ☒ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>Darlene Buttolph</i>	C. Date of Delivery <i>9-3-10</i>
MERLAND EUGENE BUTTOLPH 101 AUGUSTA DR APT # 1 LOWDEN, IA 52255-9597	D. Is 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 #: 2194
Article #: 71106605959000126097
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6103

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

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

MERLENE LAW MALONE FMLY TR DTD JAN
922 MONTEREY ST
REDLANDS, CA 92373

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6103

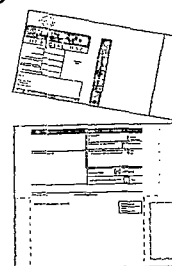
MERLENE LAW MALONE FMLY TR DTD JAN
922 MONTEREY ST
REDLANDS, CA 92373

Batch #: 2194
Article #: 71106605959000126103
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

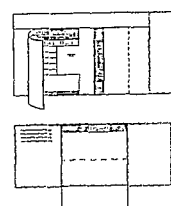
Reorder Form LCD-01 rev. 01/07

2 Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6103	A. Signature X	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
MERLENE LAW MALONE FMLY TR DTD JAN 922 MONTEREY ST REDLANDS, CA 92373	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION

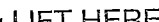


2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2 Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6103	A. Signature X <i>Merlene Lawrence</i>	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery 9/1
MERLENE LAW MALONE FMLY TR DTD JAN 922 MONTEREY ST REDLANDS, CA 92373	D. Is 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 #: 2194
Article #: 71106605959000126103
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



LIST HERE



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7110 6605 9590 0012 6141

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	

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MESA ROYALTY TR
315 JOHNSTONE 1060 POB
BARTLESVILLE, OK 74004

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6141

MESA ROYALTY TR
315 JOHNSTONE 1060 POB
BARTLESVILLE, OK 74004

Batch #: 2194
Article #: 71106605959000126141
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

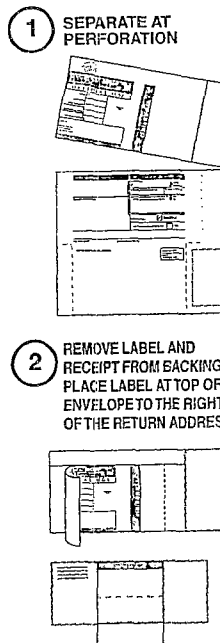
Reorder Form LCD-3811 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6141	A. Signature ☒ Agent ☒ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MESA ROYALTY TR 315 JOHNSTONE 1060 POB BARTLESVILLE, OK 74004	D. Is 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 0012 6141	A. Signature ☒ Agent ☒ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MESA ROYALTY TR 315 JOHNSTONE 1060 POB BARTLESVILLE, OK 74004	D. Is 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 #: 2194
Article #: 71106605959000126141
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
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File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6158

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	

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

MHT PROPERTIES LTD
3840 WINDSOR LN
DALLAS, TX 75205

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



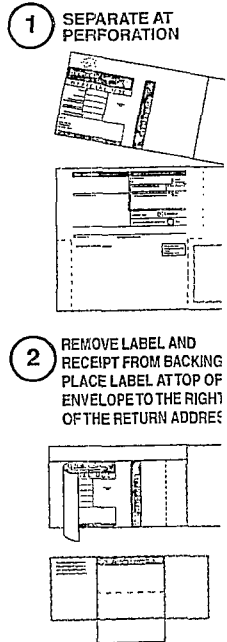
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MHT PROPERTIES LTD
3840 WINDSOR LN
DALLAS, TX 75205

Batch #: 2194
Article #: 71106605959000126158
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6158	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MHT PROPERTIES LTD 3840 WINDSOR LN DALLAS, TX 75205	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



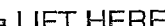
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6158	A. Signature X <i>Macey Chow</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MHT PROPERTIES LTD 3840 WINDSOR LN DALLAS, TX 75205	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2194
Article #: 71106605959000126158
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

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7110 6605 9590 0012 6196

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

MICHAEL D BROWN
8089 PIERSON COURT
ARVADA, CO 80005

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6196

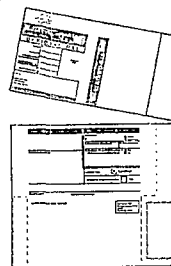
MICHAEL D BROWN
8089 PIERSON COURT
ARVADA, CO 80005

Batch #: 2194
Article #: 71106605959000126196
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

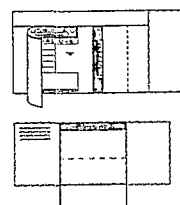
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6196	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL D BROWN 8089 PIERSON COURT ARVADA, CO 80005	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 0012 6196	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL D BROWN 8089 PIERSON COURT ARVADA, CO 80005	Michael D Brown 9/8/10
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2194
Article #: 71106605959000126196
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 6202

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

Sent To

Street, Apt. No.,
PO Box No.
City, State, Zip+4MICHAEL FITZ GERALD ESTATE
PO BOX 710
MIDLAND, TX 79702

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6202

MICHAEL FITZ GERALD ESTATE
PO BOX 710
MIDLAND, TX 79702Batch #: 2194
Article #: 71106605959000126202
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

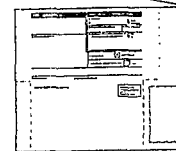
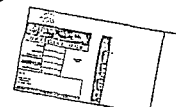
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6202	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL FITZ GERALD ESTATE PO BOX 710 MIDLAND, TX 79702	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

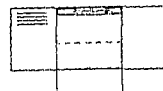
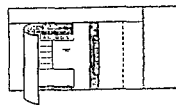
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6202	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL FITZ GERALD ESTATE PO BOX 710 MIDLAND, TX 79702	D. Is delivery address different from item 1? ☐ Yes If YES 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 #: 2194
Article #: 71106605959000126202
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6219

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

MICHAEL J FINNEY
PO BOX 2471
DURANGO, CO 81302

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

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



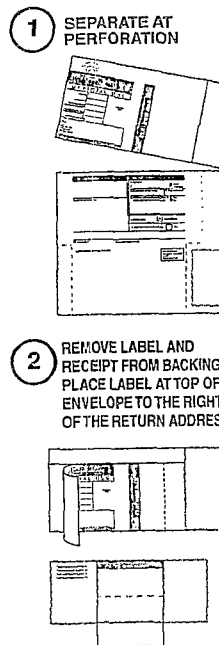
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MICHAEL J FINNEY
PO BOX 2471
DURANGO, CO 81302

Batch #: 2194
Article #: 71106605959000126219
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 6219	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: MICHAEL J FINNEY PO BOX 2471 DURANGO, CO 81302	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 6219	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Anne Finney</i> B. Received by (Printed Name) <i>Anne Finney</i> C. Date of Delivery <i>9/2/10</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: MICHAEL J FINNEY PO BOX 2471 DURANGO, CO 81302	
Code: Allocation Project - D.Howell	

Batch #: 2194
Article #: 71106605959000126219
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6226

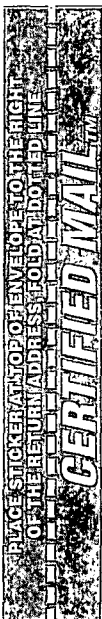
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

MICHAEL O VANDEWART
20255 WILLOW GLADE CIR
PILOT POINT, TX 76258

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6226

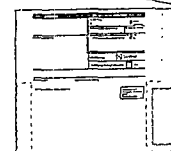
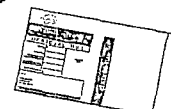
MICHAEL O VANDEWART
20255 WILLOW GLADE CIR
PILOT POINT, TX 76258

Batch #: 2194
Article #: 71106605959000126226
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

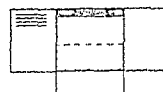
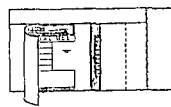
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6226	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL O VANDEWART 20255 WILLOW GLADE CIR PILOT POINT, TX 76258	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 0012 6226	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL O VANDEWART 20255 WILLOW GLADE CIR PILOT POINT, TX 76258	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 #: 2194
Article #: 71106605959000126226
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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 3101		
Certified Fee	\$0.44	Postmark Here
Return Receipt Fee (Endorsement Required)	\$2.80	
Restricted Delivery Fee (Endorsement Required)	\$2.30	
Total Postage & Fees	\$5.54	
Sent To Street, Apt. No., PO Box No. City, State, Zip+4		
MICHAEL ROBERT AHO 653 EDENTREE PL CHARLESTON, SC 29412-2756		
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 3101

MICHAEL ROBERT AHO
653 EDENTREE PL
CHARLESTON, SC 29412-2756

Batch #: 2269
Article #: 71106605959000133101
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0013 3101	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: MICHAEL ROBERT AHO 653 EDENTREE PL CHARLESTON, SC 29412-2756	

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



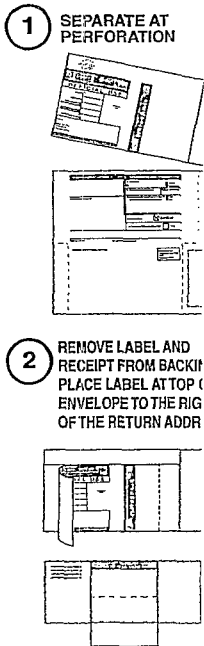
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

Batch #: 2269
Article #: 71106605959000133101
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



Reorder Form LCD-001 rev. 01/07



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

7110 6605 9590 0012 6233

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

MICHAEL S MCLANE TRUST DEC 1 1976
P O BOX 214430
DALLAS, TX 75221-4430

PS Form 3811, August 2006, PSN 7530-01-000-9048 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6233

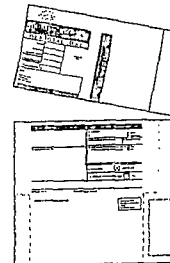
MICHAEL S MCLANE TRUST DEC 1 1976
P O BOX 214430
DALLAS, TX 75221-4430

Batch #: 2194
Article #: 71106605959000126233
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

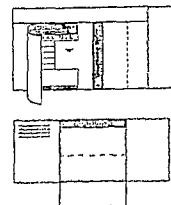
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6233	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL S MCLANE TRUST DEC 1 1976 P O BOX 214430 DALLAS, TX 75221-4430	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 0012 6233	A. Signature X Robert Wilburn ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery Robert Wilburn 9/10/10
MICHAEL S MCLANE TRUST DEC 1 1976 P O BOX 214430 DALLAS, TX 75221-4430	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 #: 2194
Article #: 71106605959000126233
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 6240

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

MICHAEL SIMPSON TRUST
C/O U S TR CO OF NY PAT HUGHES
114 W 47TH ST 8TH FL
NEW YORK, NY 10036-1532

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6240

MICHAEL SIMPSON TRUST
C/O U S TR CO OF NY PAT HUGHES
114 W 47TH ST 8TH FL
NEW YORK, NY 10036-1532

Batch #: 2194
Article #: 71106605959000126240
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6240	A. Signature : ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL SIMPSON TRUST C/O U S TR CO OF NY PAT HUGHES 114 W 47TH ST 8TH FL NEW YORK, NY 10036-1532	D. Is 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
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2194
Article #: 71106605959000126240
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

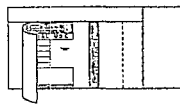
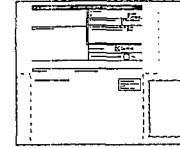
3

LIST 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





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 0012 6257

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

MICHAEL VERNE PERRYMAN
3113 LAGUNA APT 106
SOUTH PADRE ISLAND, TX 78597

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

Code: Allocation Project - D.Howell



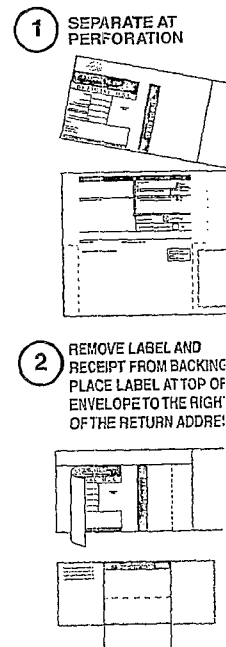
7110 6605 9590 0012 6257

MICHAEL VERNE PERRYMAN
3113 LAGUNA APT 106
SOUTH PADRE ISLAND, TX 78597

Batch #: 2194
Article #: 71106605959000126257
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8, Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6257	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL VERNE PERRYMAN 3113 LAGUNA APT 106 SOUTH PADRE ISLAND, TX 78597	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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6257	A. Signature X <i>Michael Perryman</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Michael Perryman</i> 9-8-10
MICHAEL VERNE PERRYMAN 3113 LAGUNA APT 106 SOUTH PADRE ISLAND, TX 78597	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 #: 2194
Article #: 71106605959000126257
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6264

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
Michael W Houston
PO BOX 980
BUFFALO, MO 65622

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



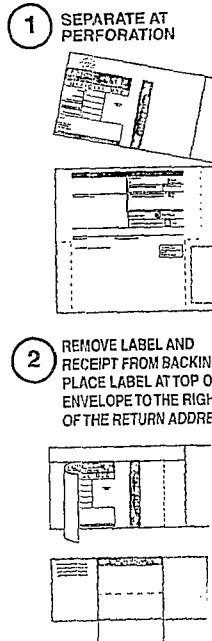
7110 6605 9590 0012 6264

MICHAEL W HOUSTON
PO BOX 980
BUFFALO, MO 65622

Batch #: 2194
Article #: 71106605959000126264
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6264	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL W HOUSTON PO BOX 980 BUFFALO, MO 65622	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



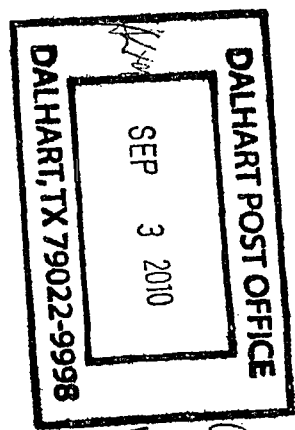
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6264	A. Signature X <i>Michael Houston</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL W HOUSTON PO BOX 980 BUFFALO, MO 65622	<i>M Houston</i> <i>9/12/10</i>
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2194
Article #: 71106605959000126264
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

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

ConocoPhillips

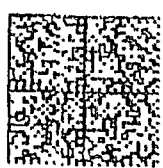
7110 6605 9590 0012 6271



9-9
9-18

MICHELLE D ALEXANDER
714 E 16TH ST
DALHART, TX 79022

- ☐ Not Deliverable As Addressed
- ☐ Unable To Forward
- ☐ Insufficient Address
- ☐ Moved, Left No Address
- ☒ Unclaimed ☐ Refused
- ☒ Attempted Not Known
- ☐ No Such Street ☐ Number
- ☐ Vacant ☐ Illegible
- ☐ No Mail Receptacle
- ☐ Box Closed-No Order
- ☐ Returned For Better Address
- ☐ Postage Due



UNITED STATES
02 1R
0006557
MAILED F



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7110 6605 9590 0013 3880

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 **MILLER EARLE HILL**
PO BOX 6725

reet, Apt. No.;
r PO Box No.
ity, State, Zip+4 **KINGMAN, AZ 86402**

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 3880

MILLER EARLE HILL
PO BOX 6725
KINGMAN, AZ 86402

Batch #: 2273
Article #: 71106605959000133880
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 3880

1. Article Addressed to:

MILLER EARLE HILL
PO BOX 6725

KINGMAN, AZ 86402

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X

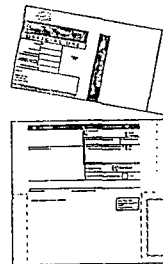
B. Received by (Printed Name) C. Date of Delivery

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

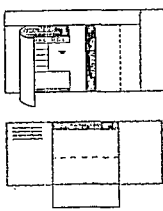
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0013 3880

1. Article Addressed to:

MILLER EARLE HILL
PO BOX 6725

KINGMAN, AZ 86402

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X Miller Earle Hill

B. Received by (Printed Name) C. Date of Delivery
MILLER E. Hill **9-20-10**

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2273
Article #: 71106605959000133880
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3
LIFT HERE

Reorder Form LCD-8 Rev. 01/07



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

7110 6605 9590 0012 6295

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	

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

MILLER TRUST UWO HELEN MILLER
MICHEAL H MILLER, TRUSTEE
4348 PLUMWOOD DRIVE
WEST DES MOINES, IA 50265

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



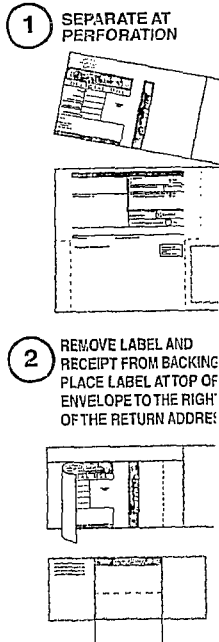
7110 6605 9590 0012 6295

MILLER TRUST UWO HELEN MILLER
MICHEAL H MILLER, TRUSTEE
4348 PLUMWOOD DRIVE
WEST DES MOINES, IA 50265

Batch #: 2194
Article #: 71106605959000126295
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-001 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6295	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MILLER TRUST UWO HELEN MILLER MICHEAL H MILLER, TRUSTEE 4348 PLUMWOOD DRIVE WEST DES MOINES, IA 50265	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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6295	A. Signature ☐ Agent X <i>Shirley K Miller</i> ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MILLER TRUST UWO HELEN MILLER MICHEAL H MILLER, TRUSTEE 4348 PLUMWOOD DRIVE WEST DES MOINES, IA 50265	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 #: 2194
Article #: 71106605959000126295
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 6301

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

MILO D SMITH
1536 W GARFIELD
DAVENPORT, IA 52804-1750

PS Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6301

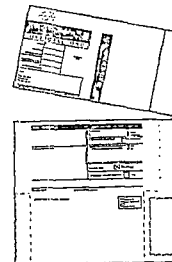
MILO D SMITH
1536 W GARFIELD
DAVENPORT, IA 52804-1750

Batch #: 2194
Article #: 71106605959000126301
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

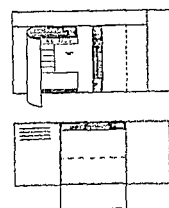
Reorder Form LCD-8-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6301	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MILO D SMITH 1536 W GARFIELD DAVENPORT, IA 52804-1750	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 0012 6301	A. Signature X <i>Milo D Smith</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Milo D Smith</i> <i>9-7-10</i>
MILO D SMITH 1536 W GARFIELD DAVENPORT, IA 52804-1750	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 #: 2194
Article #: 71106605959000126301
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
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7110 6605 9590 0012 6318

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

ent To

rest, Apt. No.;
PO Box No.
ty, State, Zip+4

MIMI ANN MORGAN QUINN
434 COUNTY RD 42
SANDY POINT, TX 77583

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6318

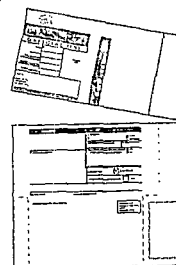
MIMI ANN MORGAN QUINN
434 COUNTY RD 42
SANDY POINT, TX 77583

Batch #: 2194
Article #: 71106605959000126318
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

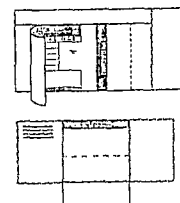
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6318	A. Signature ☒ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MIMI ANN MORGAN QUINN 434 COUNTY RD 42 SANDY POINT, TX 77583	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 0012 6318	A. Signature ☐ Agent X ☒ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MIMI ANN MORGAN QUINN 434 COUNTY RD 42 SANDY POINT, TX 77583	Mimi Quinn	8-31-10
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2194
Article #: 71106605959000126318
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6325

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

reat, Apt. No.;
PO Box No.
ty, State, Zip+4

MINA RUTH FITTING
3910 EDGEBROOK COURT
MIDLAND, TX 79707

Form 3800, August 2005, PSN 7530-01-000-9048 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6325

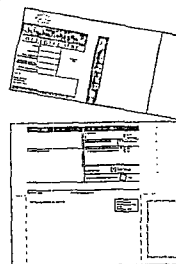
MINA RUTH FITTING
3910 EDGEBROOK COURT
MIDLAND, TX 79707

Batch #: 2194
Article #: 71106605959000126325
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

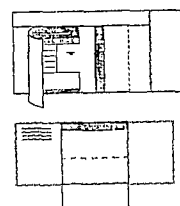
Reorder Form LCD-8 (Rev. 01/07)

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6325	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MINA RUTH FITTING 3910 EDGEBROOK COURT MIDLAND, TX 79707	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 0012 6325	A. Signature X <i>Mina Ruth Fitting</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Mina Ruth Fitting</i> <i>9-9-10</i>
MINA RUTH FITTING 3910 EDGEBROOK COURT MIDLAND, TX 79707	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 #: 2194
Article #: 71106605959000126325
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6349

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

MIRIAM M CARROLL TRUST
3536 BRYN MAWR
DALLAS, TX 75225

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6349

MIRIAM M CARROLL TRUST
3536 BRYN MAWR
DALLAS, TX 75225

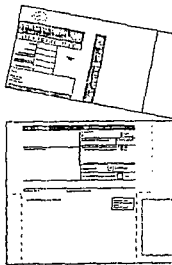
Batch #: 2194
Article #: 71106605959000126349
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-001 rev. 01/07

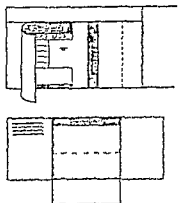
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6349	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MIRIAM M CARROLL TRUST 3536 BRYN MAWR DALLAS, TX 75225	D. Is delivery address different from item 1? ☐ Yes If YES 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 0012 6349	A. Signature X <i>M. Carroll</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>M. CARROLL</i> <i>8/31/10</i>
MIRIAM M CARROLL TRUST 3536 BRYN MAWR DALLAS, TX 75225	D. Is 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 #: 2194
Article #: 71106605959000126349
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 6356

Postage	\$		Postmark Here
Certified Fee		\$4.05	
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

MIRIAM N WASHBURN TRUST
PO BOX 5383
DENVER, CO 80217

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6356

MIRIAM N WASHBURN TRUST
PO BOX 5383
DENVER, CO 80217

Batch #: 2194
Article #: 71106605959000126356
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

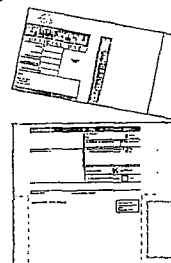
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6356	A. Signature X	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
4. Restricted Delivery? (Extra Fee) ☐ Yes		

1. Article Addressed to:

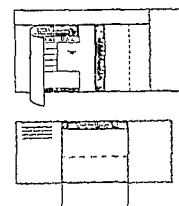
MIRIAM N WASHBURN TRUST
PO BOX 5383
DENVER, CO 80217

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6356	A. Signature <i>M. Washburn</i>	☐ Agent ☐ Addressee
	B. Received by (Printed Name) <i>M. Washburn</i>	C. Date of Delivery <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:

MIRIAM N WASHBURN TRUST
PO BOX 5383
DENVER, CO 80217

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126356
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0013 3897

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
MISTY E COLES
597 PINE LN
KING WILLIAM, VA 23086

Form 3800, August 2005 See Reverse for Instructions



7110 6605 9590 0013 3897

MISTY E COLES
597 PINE LN

KING WILLIAM, VA 23086

Batch #: 2273
Article #: 71106605959000133897
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 3897

1. Article Addressed to:

MISTY E COLES
597 PINE LN

KING WILLIAM, VA 23086

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 3897

1. Article Addressed to:

MISTY E COLES
597 PINE LN

KING WILLIAM, VA 23086

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

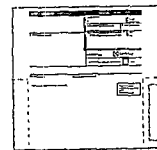
3. Service Type

☒ Certified

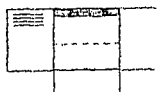
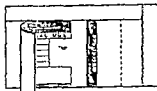
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION



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



Batch #: 2273
Article #: 71106605959000133897
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:

3



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7110 6605 9590 0012 6363

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	

Postage To
MITZI H EASLEY
1203 ARRONIMINK CR, SP 247
AUSTIN, TX 78746

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

Form 3800, August 2006 PSN 753 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6363

MITZI H EASLEY
1203 ARRONIMINK CR, SP 247
AUSTIN, TX 78746

Batch #: 2194
Article #: 71106605959000126363
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 rev. 01/07

2. Article Number

7110 6605 9590 0012 6363

1. Article Addressed to:

MITZI H EASLEY
1203 ARRONIMINK CR, SP 247
AUSTIN, TX 78746

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

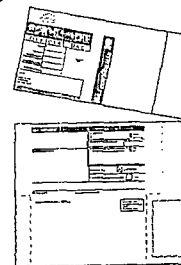
B. Received by (Printed Name) C. Date of Delivery

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

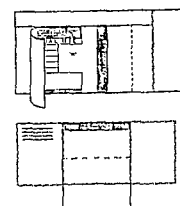
3. Service Type ☒ Certified

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 0012 6363

1. Article Addressed to:

MITZI H EASLEY
1203 ARRONIMINK CR, SP 247
AUSTIN, TX 78746

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Chris Early 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 #: 2194
Article #: 71106605959000126363
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6370

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	

Post To
MOLLY A JACQUES FAMILY LLC
C/O REDW STANEY FIN ADV LLC
6401 JEFFERSON NE
ALBUQUERQUE, NM 87109

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6370

MOLLY A JACQUES FAMILY LLC
C/O REDW STANEY FIN ADV LLC
6401 JEFFERSON NE
ALBUQUERQUE, NM 87109

Batch #: 2194
Article #: 71106605959000126370
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

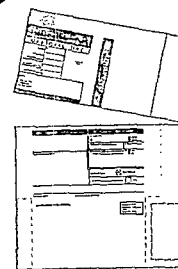
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6370	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MOLLY A JACQUES FAMILY LLC C/O REDW STANEY FIN ADV LLC 6401 JEFFERSON NE ALBUQUERQUE, NM 87109	D. Is delivery address 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

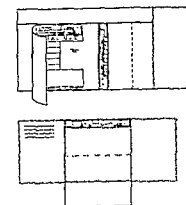
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6370	A. Signature X <i>Celina DeAguiro</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Celina DeAguiro</i> <i>9-2-10</i>
MOLLY A JACQUES FAMILY LLC C/O REDW STANEY FIN ADV LLC 6401 JEFFERSON NE ALBUQUERQUE, NM 87109	D. Is 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 #: 2194
Article #: 71106605959000126370
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 6387

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

ent To

reat, Apt. No.;
PO Box No.
y, State, Zip+4

MOMSEN TRUST B
PO BOX 948
BAYARD, NM 88023

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6387

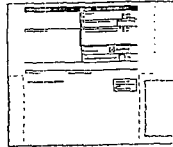
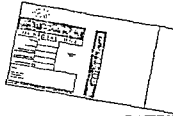
MOMSEN TRUST B
PO BOX 948
BAYARD, NM 88023

Batch #: 2194
Article #: 71106605959000126387
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

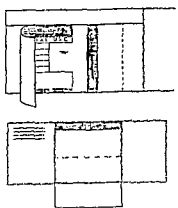
2 Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6387	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MOMSEN TRUST B PO BOX 948 BAYARD, NM 88023	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery 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 0012 6387	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery PETER MOMSEN 9/3/10
MOMSEN TRUST B PO BOX 948 BAYARD, NM 88023	D. Is 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



3

Batch #: 2194
Article #: 71106605959000126387
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

LIFT HERE

Reorder Form LCD-2500 rev. 01/07



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CERTIFIED MAIL RECEIPT
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7110 6605 9590 0012 6400

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	

Post To

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

MONICA SORRELS
1151 N NEWBY LN
BLOOMFIELD, NM 87413

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6400

MONICA SORRELS
1151 N NEWBY LN
BLOOMFIELD, NM 87413

Batch #: 2194
Article #: 71106605959000126400
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number

7110 6605 9590 0012 6400

1. Article Addressed to:

MONICA SORRELS
1151 N NEWBY LN
BLOOMFIELD, NM 87413

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



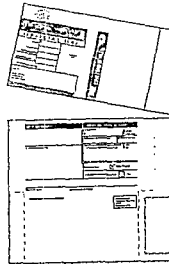
Certified

4. Restricted Delivery? (Extra Fee)

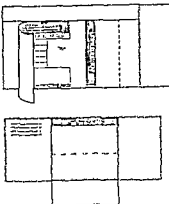


Yes

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 0012 6400

1. Article Addressed to:

MONICA SORRELS
1151 N NEWBY LN
BLOOMFIELD, NM 87413

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Monica Sorrels

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Monica Sorrels

C. Date of Delivery

9/2/10

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

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)



Yes

Batch #: 2194
Article #: 71106605959000126400
Date/Time: 8/31/2010 12:34:13 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 3118	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	
Total \$5.54		
To: MONSIGNOR LEO GOMEZ TR 4/10/03 10009 BRIDGEPOINTE NE ALBUQUERQUE, NM 87111		
Form 3800, August 2006 See Reverse for Instructions		

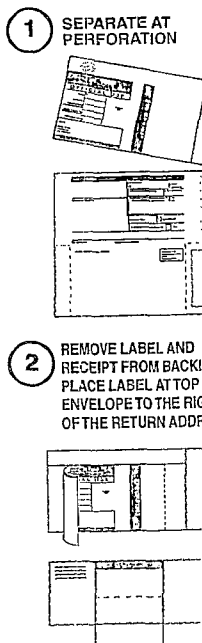
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 3118

MONSIGNOR LEO GOMEZ TR 4/10/03
10009 BRIDGEPOINTE NE
ALBUQUERQUE, NM 87111

Batch #: 2269
Article #: 71106605959000133118
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0013 3118	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: MONSIGNOR LEO GOMEZ TR 4/10/03 10009 BRIDGEPOINTE NE ALBUQUERQUE, NM 87111	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number 7110 6605 9590 0013 3118	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Leo Gomez</i> B. Received by (Printed Name) <i>Leo Gomez</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: MONSIGNOR LEO GOMEZ TR 4/10/03 10009 BRIDGEPOINTE NE ALBUQUERQUE, NM 87111	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2269
Article #: 71106605959000133118
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only (No Insurance Coverage Provided)
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7110 6605 9590 0012 6417

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	

Post To

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

MONSIGNOR LEO GOMEZ TRUST DTD 4-10
10009 BRIDGEPOINTE NE
ALBUQUERQUE, NM 87111

Form 3800, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6417

MONSIGNOR LEO GOMEZ TRUST DTD 4-10-
10009 BRIDGEPOINTE NE
ALBUQUERQUE, NM 87111

Batch #: 2194

Article #: 71106605959000126417

Date/Time: 8/31/2010 12:34:13 PM

Code: Allocation Project - D.Howell

Code2:

File #:

Internal File #:

Internal Code #:

Reorder Form LCD 800-878-0107

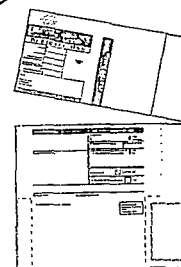
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6417	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MONSIGNOR LEO GOMEZ TRUST DTD 4-10- 10009 BRIDGEPOINTE NE ALBUQUERQUE, NM 87111	D. Is delivery address different from 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

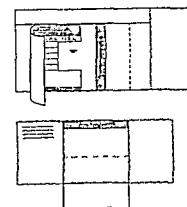
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6417	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MONSIGNOR LEO GOMEZ TRUST DTD 4-10- 10009 BRIDGEPOINTE NE ALBUQUERQUE, NM 87111	D. Is delivery address different from 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.



3

Batch #: 2194

Article #: 71106605959000126417

Date/Time: 8/31/2010 12:34:13 PM

Code: Allocation Project - D.Howell

Code2:

File #:

Internal File #:

Internal Code #:



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

7110 6605 9590 0012 6424

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

reet, Apt. No.,
PO Box No.,
ty, State, Zip+4

MOSES BICKFORD STEVENS
101 WITHERS COURT
GOODVIEW, VA 24095

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6424

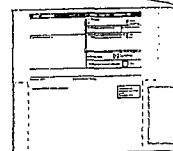
MOSES BICKFORD STEVENS
101 WITHERS COURT
GOODVIEW, VA 24095

Batch #: 2194
Article #: 71106605959000126424
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

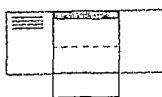
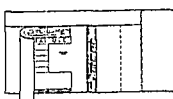
Reorder Form LCD-100 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6424	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MOSES BICKFORD STEVENS 101 WITHERS COURT GOODVIEW, VA 24095	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 0012 6424	A. Signature ☐ Agent X <i>Beth Stevens</i> ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>BETH STEVENS</i> <i>9/3/10</i>
MOSES BICKFORD STEVENS 101 WITHERS COURT GOODVIEW, VA 24095	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 #: 2194
Article #: 71106605959000126424
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



7110 6605 9590 0012 6431

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

Sent To

Street, Apt. No.,
PO Box No.,
City, State, Zip+4MOULDS FAMILY TRUST
MYRA T & WILLIAM J MOULDS, CO-TRUST
1401 CARDENAS NE
ALBUQUERQUE, NM 87110

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



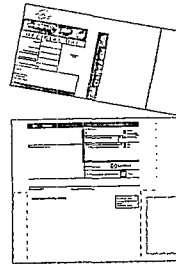
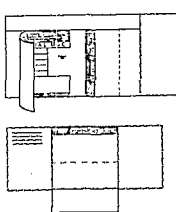
7110 6605 9590 0012 6431

MOULDS FAMILY TRUST
MYRA T & WILLIAM J MOULDS, CO-TRUST
1401 CARDENAS NE
ALBUQUERQUE, NM 87110Batch #: 2194
Article #: 71106605959000126431
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-001 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6431	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MOULDS FAMILY TRUST MYRA T & WILLIAM J MOULDS, CO-TRUST 1401 CARDENAS NE ALBUQUERQUE, NM 87110	D. Is 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 0012 6431	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery TERESA MOULDS 9-03-2010
MOULDS FAMILY TRUST MYRA T & WILLIAM J MOULDS, CO-TRUST 1401 CARDENAS NE ALBUQUERQUE, NM 87110	D. Is 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 #: 2194
Article #: 71106605959000126431
Date/Time: 8/31/2010 12:34:13 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 0012 6448

MRS ABEL GARCIA
506 EAST 2ND AVENUE
DURANGO, CO. 81301



UNITED STATES
02 1R
0006557
MAILED FI

SEP 13
9/27



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7110 6605 9590 0012 6455

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

MURIEL ANDREWS BOSSERT LIFE ESTATE
10606 VISTA LAGO PL
SAN DIEGO, CA 92131

Form 3800-August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6455

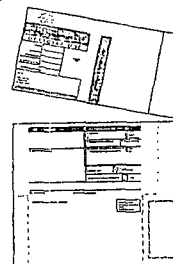
MURIEL ANDREWS BOSSERT LIFE ESTATE
10606 VISTA LAGO PL
SAN DIEGO, CA 92131

Batch #: 2194
Article #: 71106605959000126455
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

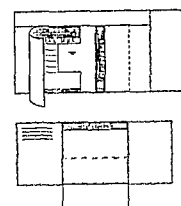
Reorder Form LCD-1 rev. 01/07

2. Article Number 7110 6605 9590 0012 6455	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
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1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0012 6455	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
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Batch #: 2194
Article #: 71106605959000126455
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #: