



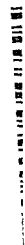
U.S. Postal Service
CERTIFIED MAIL RECEIPT
Mail Only, No Insurance Coverage Provided
For delivery information visit our website at www.usps.com

7110 6605 9590 0012 6462

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



7110 6605 9590 0012 6462

NAN ALICE ELAM HAMBY
3850 BRIARCREST
SAN ANTONIO, TX 78247

ent To

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

NAN ALICE ELAM HAMBY
3850 BRIARCREST
SAN ANTONIO, TX 78247

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

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6462	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
NAN ALICE ELAM HAMBY 3850 BRIARCREST SAN ANTONIO, TX 78247	D. Is 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 6462	A. Signature X <i>Nan Alice Elam Hamby</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>NAN ALICE HAMBY</i> <i>Sept 8, 2010</i>
NAN ALICE ELAM HAMBY 3850 BRIARCREST SAN ANTONIO, TX 78247	D. Is 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 #: 71106605959000126462
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT
PERFORMANCE

2 REMOVE LABEL AND
RECEIPT FROM BAC
PLACE LABEL AT TC
ENVELOPE TO THE I
OF THE RETURN AC

Batch #: 2194
Article #: 71106605959000126462
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

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

NANCY A LEY WILSON
4544 POST OAK PL DR., STE 375
HOUSTON, TX 77056

Code: Allocation Project - D.Howell



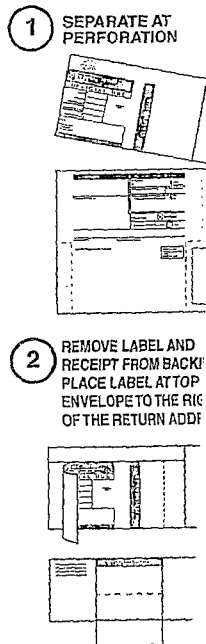
7110 6605 9590 0012 6479

NANCY A LEY WILSON
4544 POST OAK PL DR., STE 375
HOUSTON, TX 77056

Batch #: 2194
Article #: 71106605959000126479
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 7110 6605 9590 0012 6479	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: NANCY A LEY WILSON 4544 POST OAK PL DR., STE 375 HOUSTON, TX 77056 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 6479	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) 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
1. Article Addressed to: NANCY A LEY WILSON 4544 POST OAK PL DR., STE 375 HOUSTON, TX 77056 Code: Allocation Project - D.Howell	

Batch #: 2194
Article #: 71106605959000126479
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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Information Visit Our Website at www.usps.com
7110 6605 9590 0012 6486

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
NANCY C BARD LISA BARD FIELD
480 JASON RD
FT COLLINS, CO 80524

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

Form 3800, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6486

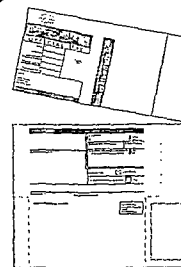
NANCY C BARD LISA BARD FIELD
480 JASON RD
FT COLLINS, CO 80524

Batch #: 2194
Article #: 71106605959000126486
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

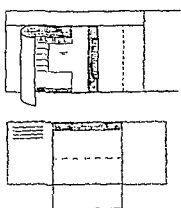
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 6486	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: NANCY C BARD LISA BARD FIELD 480 JASON RD FT COLLINS, CO 80524 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



PS

2. Article Number 7110 6605 9590 0012 6486	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Lisa Bard</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Lisa Bard</i> <i>9/14</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: NANCY C BARD LISA BARD FIELD 480 JASON RD FT COLLINS, CO 80524 Code: Allocation Project - D.Howell	

Batch #: 2194
Article #: 71106605959000126486
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 6493

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
NANCY H GERSON
1555 ASTOR ST 42W
CHICAGO, IL 60610-5784
Street, Apt. No.;
r PO Box No.
City, State, Zip+4

Code: Allocation Project - D.Howell



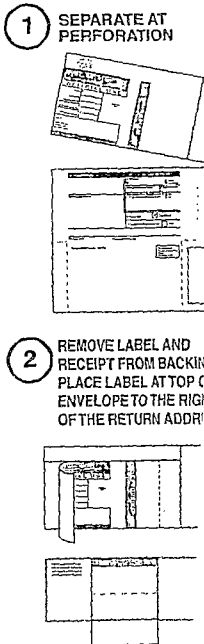
7110 6605 9590 0012 6493

NANCY H GERSON
1555 ASTOR ST 42W
CHICAGO, IL 60610-5784

Batch #: 2194
Article #: 71106605959000126493
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3800, August 2006 See Reverse for Instructions

2. Article Number 7110 6605 9590 0012 6493	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: NANCY H GERSON 1555 ASTOR ST 42W CHICAGO, IL 60610-5784 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 6493	COMPLETE THIS SECTION ON DELIVERY A. Signature <i>Nancy Gerson</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 9/11/10 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: NANCY H GERSON 1555 ASTOR ST 42W CHICAGO, IL 60610-5784 Code: Allocation Project - D.Howell	

Batch #: 2194
Article #: 71106605959000126493
Date/Time: 8/31/2010 12:34:13 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	

Postage To
NANCY LEY WILSON CHILDRES TRUST
1310 CARAVELLE CT
KATY, TX 77494

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6516

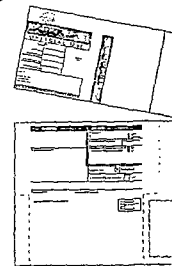
NANCY LEY WILSON CHILDRES TRUST
1310 CARAVELLE CT
KATY, TX 77494

Batch #: 2194
Article #: 71106605959000126516
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

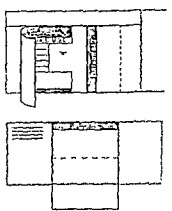
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 6516	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 BACK OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number 7110 6605 9590 0012 6516	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Nancy Ley Wilson</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
--	---

Batch #: 2194
Article #: 71106605959000126516
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



U.S. Postal Service
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7110 6605 9590 0012 6523

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: NANCY O MABE TRUST DTD 9/21/1994
Postage From: PO BOX 229
Postage City: LIBERTY, MO 64069

Form 3800, August 2006. See Reverse for Instructions.

Code: Allocation Project - D. Howell

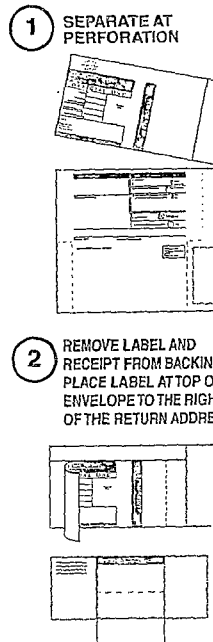


7110 6605 9590 0012 6523

NANCY O MABE TRUST DTD 9/21/1994
PO BOX 229
LIBERTY, MO 64069

Batch #: 2194
Article #: 71106605959000126523
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D. Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 6523	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: NANCY O MABE TRUST DTD 9/21/1994 PO BOX 229 LIBERTY, MO 64069 Code: Allocation Project - D. Howell	



2. Article Number 7110 6605 9590 0012 6523	COMPLETE THIS SECTION ON DELIVERY A. Signature X Nancy O. Mabe B. Received by (Printed Name) C. Date of Delivery 9-14-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No NANCY O. MABE 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: NANCY O MABE TRUST DTD 9/21/1994 PO BOX 229 LIBERTY, MO 64069 Code: Allocation Project - D. Howell	

Batch #: 2194
Article #: 71106605959000126523
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D. Howell
Code2:
File #:
Internal File #:



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7110 6605 9590 0012 6530

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
NANCY T CONROW
8800 SILVER SPUR RD
PARK CITY, UT 84098-4817

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 6530

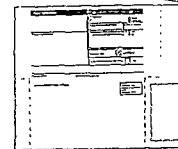
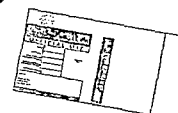
NANCY T CONROW
8800 SILVER SPUR RD
PARK CITY, UT 84098-4817

Batch #: 2194
Article #: 71106605959000126530
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

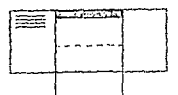
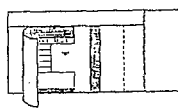
Reorder Form LCD-9 rev. 01/07

2. Article Number 7110 6605 9590 0012 6530	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: NANCY T CONROW 8800 SILVER SPUR RD PARK CITY, UT 84098-4817	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 6530	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Nancy T Conrow</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: NANCY T CONROW 8800 SILVER SPUR RD PARK CITY, UT 84098-4817	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

Batch #: 2194
Article #: 71106605959000126530
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

IFT HERE



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7110 6605 9590 0012 6547

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

NATHAN D MYER
3045 PARK LANE # 1032
DALLAS, TX 75220

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6547

NATHAN D MYER
3045 PARK LANE # 1032
DALLAS, TX 75220

Batch #: 2194
Article #: 71106605959000126547
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 6547	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:

NATHAN D MYER
3045 PARK LANE # 1032
DALLAS, TX 75220

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

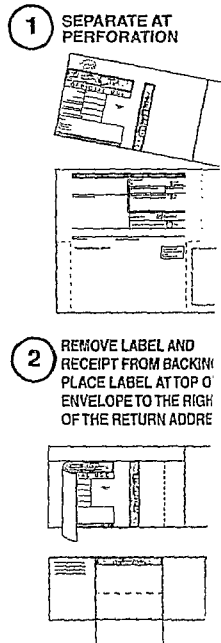
UNITED STATES POSTAL SERVICE



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 #: 2194
Article #: 71106605959000126547
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:





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CERTIFIED MAIL RECEIPT
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For information, visit our website at www.usps.com

7110 6605 9590 0012 6554

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
NAVATEX ENERGY LP
C/O ZIA DATA SEARCH CORP
PO DRAWER 2188
ROSWELL, NM 88202

Post Office, Apt. No.,
Post Office Box No.,
City, State, Zip+4

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6554

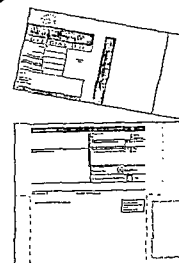
NAVATEX ENERGY LP
C/O ZIA DATA SEARCH CORP
PO DRAWER 2188
ROSWELL, NM 88202

Batch #: 2194
Article #: 71106605959000126554
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

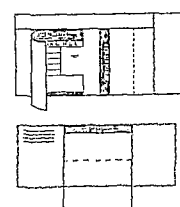
Reorder Form LCD-9 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6554	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
NAVATEX ENERGY LP C/O ZIA DATA SEARCH CORP PO DRAWER 2188 ROSWELL, NM 88202	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 6554	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
NAVATEX ENERGY LP C/O ZIA DATA SEARCH CORP PO DRAWER 2188 ROSWELL, NM 88202	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 #: 71106605959000126554
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 6561

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

NEAL S WATERFALL
14438 NE 16TH PL
BELLEVUE, WA 98007-3904

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



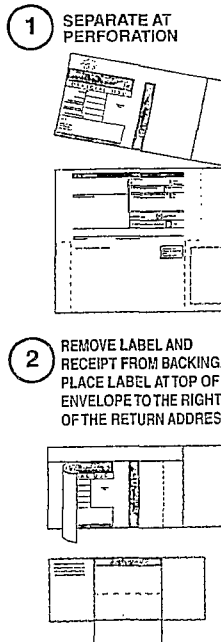
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NEAL S WATERFALL
14438 NE 16TH PL
BELLEVUE, WA 98007-3904

Batch #: 2194
Article #: 71106605959000126561
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-11 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6561	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
NEAL S WATERFALL 14438 NE 16TH PL BELLEVUE, WA 98007-3904	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 6561	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
NEAL S WATERFALL 14438 NE 16TH PL BELLEVUE, WA 98007-3904	<i>Alyse Finlayson</i> 9.13.10
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 #: 71106605959000126561
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6578

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

NED NICKSON JR
PO BOX 1587
DENISON, TX 75021

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



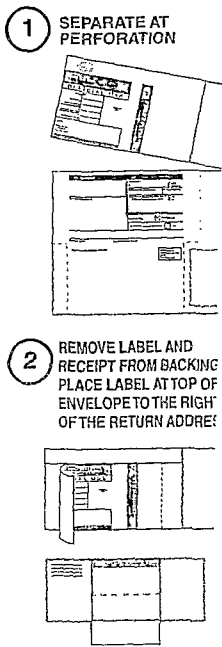
7110 6605 9590 0012 6578

NED NICKSON JR
PO BOX 1587
DENISON, TX 75021

Batch #: 2194
Article #: 71106605959000126578
Date/Time: 8/31/2010 12:34:14 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 6578	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
NED NICKSON JR PO BOX 1587 DENISON, TX 75021	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 6578	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
NED NICKSON JR PO BOX 1587 DENISON, TX 75021	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 #: 71106605959000126578
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0013 3903

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	

Postage To NEIL D SCHWED REV TR FBO KATHLEEN
PO BOX 547

Street, Apt. No.,
or PO Box No.
City, State, Zip+4
ROSS, CA 94957

PS Form 3811, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3903

NEIL D SCHWED REV TR FBO KATHLEEN A
PO BOX 547
ROSS, CA 94957

Batch #: 2273
Article #: 71106605959000133903
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3903	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
NEIL D SCHWED REV TR FBO KATHLEEN A PO BOX 547 ROSS, CA 94957	D. Is 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

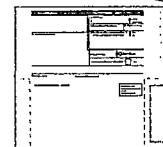
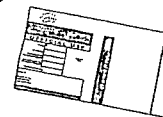
Lisa Hunter, Land Department
SJBUCoconophillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2273
Article #: 71106605959000133903
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

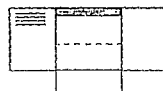
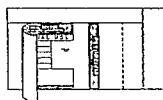
3

LIFT HERE

1 SEPARATE AT PERFORATION



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





U.S. Postal Service™
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7110 6605 9590 0013 3910

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

NEIL D SCHWED REV TR FBO NEIL DAN S
PO BOX 3480 OIL & GAS DEPT

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

OMAHA, NE 68103-0480

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3910

NEIL D SCHWED REV TR FBO NEIL DAN S
PO BOX 3480 OIL & GAS DEPT

OMAHA, NE 68103-0480

Batch #: 2273
Article #: 71106605959000133910
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3910		A. Signature ☐ Agent X ☐ 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	
NEIL D SCHWED REV TR FBO NEIL DAN S PO BOX 3480 OIL & GAS DEPT OMAHA, NE 68103-0480		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

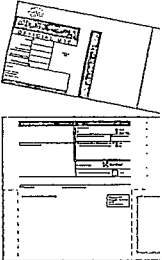
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2273
Article #: 71106605959000133910
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

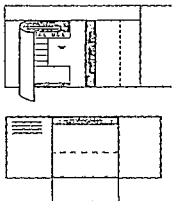
3

LIFT HERE

1 SEPARATE AT PERFORATION



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





U.S. Postal Service
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7110 6605 9590 0012 6585

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

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

NELLIE JOHNSON LIFE ESTATE
C/O NELLIE RUTHERFORD
136 BRISTOL BEND LN
DICKINSON, TX 77539

Code: Allocation Project - D.Howell



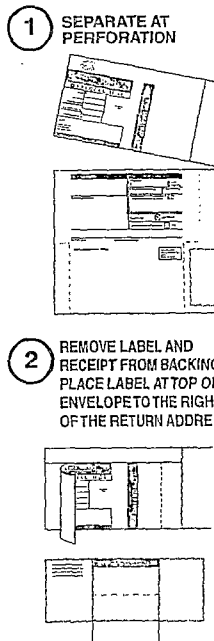
7110 6605 9590 0012 6585

NELLIE JOHNSON LIFE ESTATE
C/O NELLIE RUTHERFORD
136 BRISTOL BEND LN
DICKINSON, TX 77539

Batch #: 2194
Article #: 71106605959000126585
Date/Time: 8/31/2010 12:34:14 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 6585	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
NELLIE JOHNSON LIFE ESTATE C/O NELLIE RUTHERFORD 136 BRISTOL BEND LN DICKINSON, TX 77539	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 6585	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
NELLIE JOHNSON LIFE ESTATE C/O NELLIE RUTHERFORD 136 BRISTOL BEND LN DICKINSON, TX 77539	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 #: 71106605959000126585
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6592

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

NELLIE JUANITA RUTHERFORD
136 BRISTOL BEND LANE
DICKINSON, TX 77539

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6592

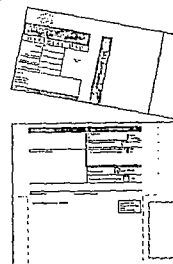
NELLIE JUANITA RUTHERFORD
136 BRISTOL BEND LANE
DICKINSON, TX 77539

Batch #: 2194
Article #: 71106605959000126592
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Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

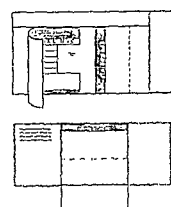
Reorder Form LCD-8 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6592	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
NELLIE JUANITA RUTHERFORD 136 BRISTOL BEND LANE DICKINSON, TX 77539	D. Is 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 6592	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
NELLIE JUANITA RUTHERFORD 136 BRISTOL BEND LANE DICKINSON, TX 77539	D. Is 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 #: 71106605959000126592
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3125	
Postage	
Certified Fee	\$0.44
Return Receipt Fee (Endorsement Required)	\$2.80
Restricted Delivery Fee (Endorsement Required)	\$2.30
Total Postage & Fees	\$0.00
Postmark Here	
ent To	
NELSON MINERALS LLC	
4901 CRESTWOOD DR	
FARMINGTON, NM 87402	
Form 3800, August 2008 See Reverse for Instructions	



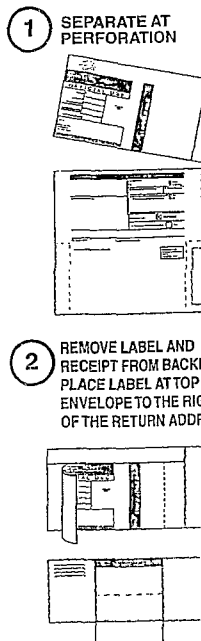
7110 6605 9590 0013 3125

NELSON MINERALS LLC
4901 CRESTWOOD DR
FARMINGTON, NM 87402

Batch #: 2269
Article #: 71106605959000133125
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0013 3125	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 3125	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Steve Nelson</i> ☐ 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 #: 2269
Article #: 71106605959000133125
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:



U.S. Postal Service™
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7110 6605 9590 0013 3927

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

NEVIL SHANE CISSELL
5832 FARNSWORTH POND AVE
LAS VEGAS, NV 89130

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 3927

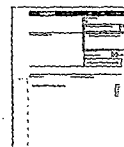
NEVIL SHANE CISSELL
5832 FARNSWORTH POND AVE
LAS VEGAS, NV 89130

Batch #: 2273
Article #: 71106605959000133927
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:

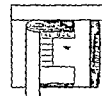
Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3927	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
NEVIL SHANE CISSELL 5832 FARNSWORTH POND AVE LAS VEGAS, NV 89130	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3927	A. Signature X <i>Shane Cissell</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Shane Cissell</i> <i>9/14/2010</i>
NEVIL SHANE CISSELL 5832 FARNSWORTH POND AVE LAS VEGAS, NV 89130	D. Is 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 #: 71106605959000133927
Date/Time: 9/14/2010 3:35:39 PM



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 6608

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

NFF LTD
1738 W CHOKECHERRY DR
LOUISVILLE, CO 80027

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



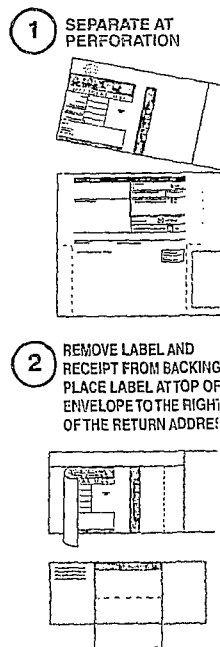
7110 6605 9590 0012 6608

NFF LTD
1738 W CHOKECHERRY DR
LOUISVILLE, CO 80027

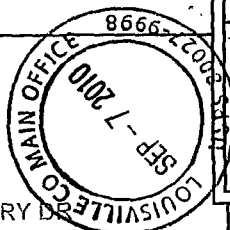
Batch #: 2194
Article #: 71106605959000126608
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6608	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
NFF LTD 1738 W CHOKECHERRY DR LOUISVILLE, CO 80027	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 6608	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
NFF LTD 1738 W CHOKECHERRY DR LOUISVILLE, CO 80027	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 #: 71106605959000126608
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 6615

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	

inf To

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

NICK CANDELARIA
511 EAST BROADWAY
FARMINGTON, NM 87401

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6615

NICK CANDELARIA
511 EAST BROADWAY
FARMINGTON, NM 87401

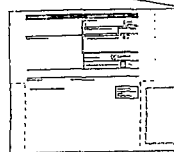
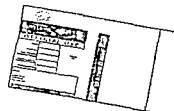
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Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-P-2006 rev. 01/07

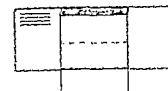
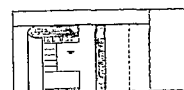
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6615	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
NICK CANDELARIA 511 EAST BROADWAY FARMINGTON, NM 87401	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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 6615	A. Signature X <i>Nick Candelaria</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Nick Candelaria</i>
NICK CANDELARIA 511 EAST BROADWAY 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

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126615
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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7110 6605 9590 0012 6622

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

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

NICOLE HOFFMAN
15 SWEETBRIAR CT
FREDERICKSBURG, VA 22405

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6622

NICOLE HOFFMAN
15 SWEETBRIAR CT
FREDERICKSBURG, VA 22405

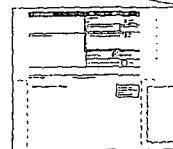
Batch #: 2194
Article #: 71106605959000126622
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811 01/07

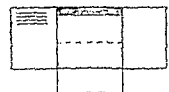
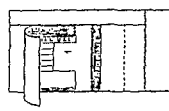
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6622	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
NICOLE HOFFMAN 15 SWEETBRIAR CT FREDERICKSBURG, VA 22405	D. Is delivery address different from item 1? ☐ Yes If 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 6622	A. Signature X <i>Ruth Davis</i> ☐ Agent ☒ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery 9-4-10
NICOLE HOFFMAN 15 SWEETBRIAR CT FREDERICKSBURG, VA 22405	D. Is 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 #: 71106605959000126622
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

7110 6605 9590 0012 6639

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

NIDA RAE LARSON
31511 165TH AVE
ELBOW LAKE, MN 56531-9558

Form 3800, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6639

NIDA RAE LARSON
31511 165TH AVE
ELBOW LAKE, MN 56531-9558

Batch #: 2194
Article #: 71106605959000126639
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 v. 01/07

2. Article Number

7110 6605 9590 0012 6639

1. Article Addressed to:

NIDA RAE LARSON
31511 165TH AVE
ELBOW LAKE, MN 56531-9558

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

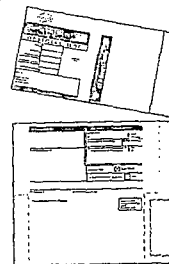
3. Service Type

☒ Certified

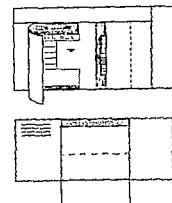
4. Restricted Delivery? (Extra Fee)

☐ 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 6639

1. Article Addressed to:

NIDA RAE LARSON
31511 165TH AVE
ELBOW LAKE, MN 56531-9558

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 #: 71106605959000126639
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal ServiceTM
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7110 6605 9590 0012 6646

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

NIGH REV TR AGREEMENT DTD 8 3 1989
701 COUNTRY WOOD CT
NOBLESVILLE, IN 46060

Form 3800, August 2006, PSN 7510-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6646

NIGH REV TR AGREEMENT DTD 8 3 1989
701 COUNTRY WOOD CT
NOBLESVILLE, IN 46060

Batch #: 2194
Article #: 71106605959000126646
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6646	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
NIGH REV TR AGREEMENT DTD 8 3 1989 701 COUNTRY WOOD CT NOBLESVILLE, IN 46060	D. Is 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

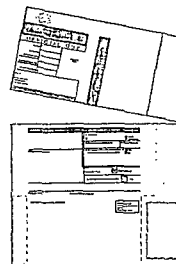
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2194
Article #: 71106605959000126646
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

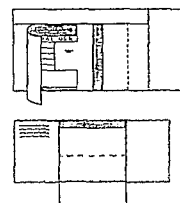
3

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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(E-Mail Only; No Insurance Coverage Provided)
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7110 6605 9590 0012 6653

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	

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

**NINETY SIX CORPORATION
ATTN W D KENNEDY
500 W TEXAS STE 655
MIDLAND, TX 79701**

Form 3800, August 2006 Edition. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6653

**NINETY SIX CORPORATION
ATTN W D KENNEDY
500 W TEXAS STE 655
MIDLAND, TX 79701**

Batch #: 2194
Article #: 71106605959000126653
Date/Time: 8/31/2010 12:34:14 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 6653

1. Article Addressed to:

**NINETY SIX CORPORATION
ATTN W D KENNEDY
500 W TEXAS STE 655
MIDLAND, TX 79701**

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



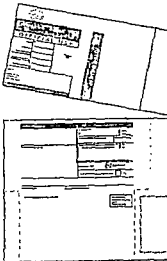
Certified

4. Restricted Delivery? (Extra Fee)

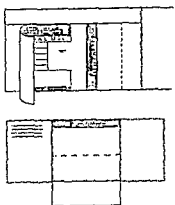
☐

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 6653

1. Article Addressed to:

**NINETY SIX CORPORATION
ATTN W D KENNEDY
500 W TEXAS STE 655
MIDLAND, TX 79701**

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 #: 71106605959000126653
Date/Time: 8/31/2010 12:34:14 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 on our website at www.usps.com

7110 6605 9590 0012 6660

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

NOBLE ONSHORE INC
15601 N DALLAS PKWY STE 900
ADDISON, TX 75001

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6660

NOBLE ONSHORE INC
15601 N DALLAS PKWY STE 900
ADDISON, TX 75001

Batch #: 2194
Article #: 71106605959000126660
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-80 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6660	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
NOBLE ONSHORE INC 15601 N DALLAS PKWY STE 900 ADDISON, TX 75001	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

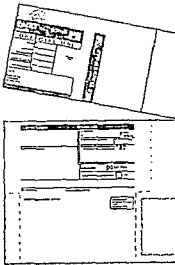
PS Form 3811

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6660	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
NOBLE ONSHORE INC 15601 N DALLAS PKWY STE 900 ADDISON, TX 75001	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

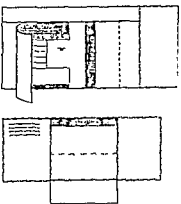
PS Form 3811

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.



3

Batch #: 2194
Article #: 71106605959000126660
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

11 FT HERE



7110 6605 9590 0012 6677

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

NORA HAMPTON SAMS RV 2000 TR DT MAR
11500 COUNTRYSIDE CT
EDMOND, OK 73013

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6677

NORA HAMPTON SAMS RV 2000 TR DT MAR
11500 COUNTRYSIDE CT
EDMOND, OK 73013

Batch #: 2194

Article #: 71106605959000126677

Date/Time: 8/31/2010 12:34:14 PM

Code: Allocation Project - D.Howell

Code2:

File #:

Internal File #:

Internal Code #:

2. Article Number

7110 6605 9590 0012 6677

1. Article Addressed to:

NORA HAMPTON SAMS RV 2000 TR DT MAR
11500 COUNTRYSIDE CT
EDMOND, OK 73013

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 6677

1. Article Addressed to:

NORA HAMPTON SAMS RV 2000 TR DT MAR
11500 COUNTRYSIDE CT
EDMOND, OK 73013

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



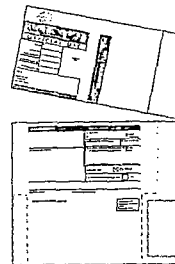
Certified

4. Restricted Delivery? (Extra Fee)

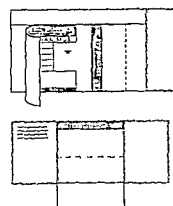


Yes

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 #: 71106605959000126677

Date/Time: 8/31/2010 12:34:14 PM

Code: Allocation Project - D.Howell

Code2:

File #:

Internal File #:

Internal Code #:



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	

NORMA JEAN BRENNAND
159 CHINABERRY RD
PINON, NM 88344

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6684

NORMA JEAN BRENNAND
159 CHINABERRY RD
PINON, NM 88344

Batch #: 2194
Article #: 71106605959000126684
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

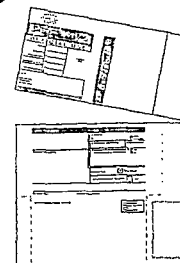
2. Article Number 7110 6605 9590 0012 6684	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	--

Code: Allocation Project - D.Howell

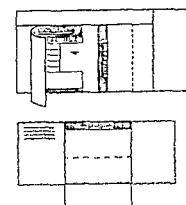
2. Article Number 7110 6605 9590 0012 6684	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Janette Coupland</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Janette Coupland</i> <i>09/03/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address 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 #: 2194
Article #: 71106605959000126684
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 6691

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

NORMAN L HAY JR GS TRUST
5901 MT ROCKWOOD CIR
WACO, TX 76710-1222

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6691

NORMAN L HAY JR GS TRUST
5901 MT ROCKWOOD CIR
WACO, TX 76710-1222

Batch #: 2194
Article #: 71106605959000126691
Date/Time: 8/31/2010 12:34:14 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 6691

1. Article Addressed to:

NORMAN L HAY JR GS TRUST
5901 MT ROCKWOOD CIR
WACO, TX 76710-1222

Code: Allocation Project - D.Howell

PS Form 3811

2. Article Number

7110 6605 9590 0012 6691

1. Article Addressed to:

NORMAN L HAY JR GS TRUST
5901 MT ROCKWOOD CIR
WACO, TX 76710-1222

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

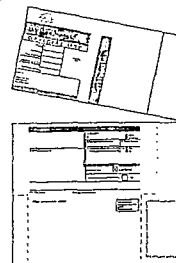
3. Service Type

☒ Certified

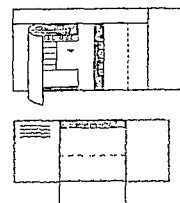
4. Restricted Delivery? (Extra Fee)

☐ 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



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 #: 71106605959000126691
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



U.S. 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 6707

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

NORTHERN TRUST BANK LAKE FOREST
PO BOX 226270
DALLAS, TX 75222-6270

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6707

NORTHERN TRUST BANK LAKE FOREST
PO BOX 226270
DALLAS, TX 75222-6270

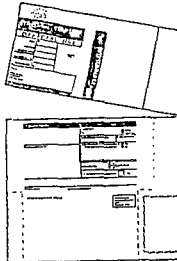
Batch #: 2194
Article #: 71106605959000126707
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 rev. 01/07

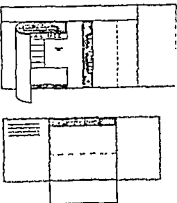
2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6707		A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
NORTHERN TRUST BANK LAKE FOREST PO BOX 226270 DALLAS, TX 75222-6270		D. Is delivery address different from item 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		Paid
7110 6605 9590 0012 6707		A. Signature ☐ Agent X ☐ Addressee		
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery	
NORTHERN TRUST BANK LAKE FOREST PO BOX 226270 DALLAS, TX 75222-6270		D. Is 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 #: 71106605959000126707
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Insurance Coverage Provided)
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7110 6605 9590 0012 6714

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

NORTHSTAR PRODUCTION & LAND LLC
PO BOX 2454
MIDLAND, TX 79702-2454

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



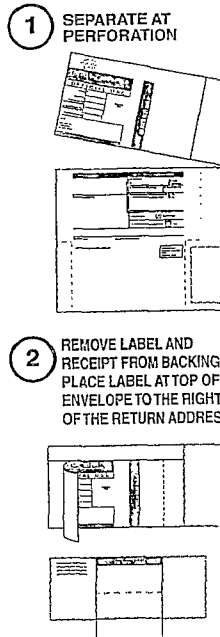
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NORTHSTAR PRODUCTION & LAND LLC
PO BOX 2454
MIDLAND, TX 79702-2454

Batch #: 2194
Article #: 71106605959000126714
Date/Time: 8/31/2010 12:34:14 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 6714	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
NORTHSTAR PRODUCTION & LAND LLC PO BOX 2454 MIDLAND, TX 79702-2454	D. Is 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 6714	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>Daniel B. [Signature]</i>	C. Date of Delivery <i>9-10-10</i>
NORTHSTAR PRODUCTION & LAND LLC PO BOX 2454 MIDLAND, TX 79702-2454	D. Is 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 #: 71106605959000126714
Date/Time: 8/31/2010 12:34:14 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
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7110 6605 9590 0012 6721

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

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

NUEVO SEIS LP
P O BOX 2588
ROSWELL, NM 88202-2588

Form 3800, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



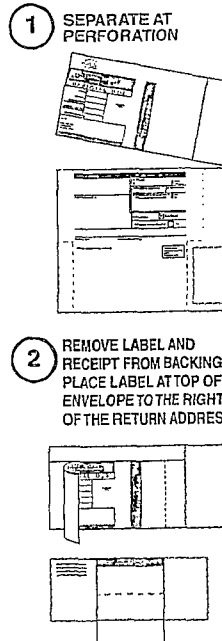
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NUEVO SEIS LP
P O BOX 2588
ROSWELL, NM 88202-2588

Batch #: 2194
Article #: 71106605959000126721
Date/Time: 8/31/2010 12:34:14 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 6721	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
NUEVO SEIS LP P O BOX 2588 ROSWELL, NM 88202-2588	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 6721	A. Signature X <i>Morris E. Solvent</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Morris E. Solvent</i> <i>9-8-10</i>
NUEVO SEIS LP P O BOX 2588 ROSWELL, NM 88202-2588	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 #: 71106605959000126721
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #: