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7110 6605 9590 0012 6738

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

ODYSSEY ROYALTIES LLC
8261 S MONACO CT
CENTENNIAL, CO 80112

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6738

ODYSSEY ROYALTIES LLC
8261 S MONACO CT
CENTENNIAL, CO 80112

Batch #: 2194
Article #: 71106605959000126738
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 6738	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: ODYSSEY ROYALTIES LLC 8261 S MONACO CT CENTENNIAL, CO 80112	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 #: 71106605959000126738
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

IFT HFRF



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7110 6605 9590 0012 6745

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

OIL & GAS DISTRIBUTION ACCT FASKEN
ACCT 050515115100
PO BOX 5383
DENVER, CO 80217

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6745

OIL & GAS DISTRIBUTION ACCT FASKEN
ACCT 050515115100
PO BOX 5383
DENVER, CO 80217

Batch #: 2194
Article #: 71106605959000126745
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 6745

1. Article Addressed to:

OIL & GAS DISTRIBUTION ACCT FASKEN
ACCT 050515115100
PO BOX 5383
DENVER, CO 80217

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 6745

1. Article Addressed to:

OIL & GAS DISTRIBUTION ACCT FASKEN
ACCT 050515115100
PO BOX 5383
DENVER, CO 80217

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Matthew Anderson

☐ 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

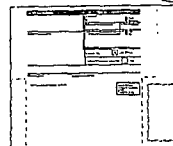
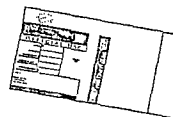
☒ **Certified**

4. Restricted Delivery? (Extra Fee)

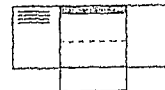
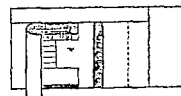
☐ Yes

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 #: 71106605959000126745
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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7110 6605 9590 0012 6752

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

Postmark
Here

OMIMEX PETROLEUM INC
2001 BEACH ST, STE 810
FORT WORTH, TX 76103

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6752

OMIMEX PETROLEUM INC
2001 BEACH ST, STE 810
FORT WORTH, TX 76103

Batch #: 2194
Article #: 71106605959000126752
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 6752

1. Article Addressed to:

OMIMEX PETROLEUM INC
2001 BEACH ST, STE 810
FORT WORTH, TX 76103

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



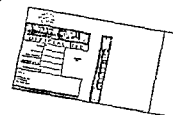
Certified

4. Restricted Delivery? (Extra Fee)

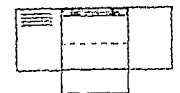
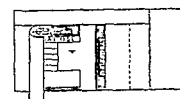


Yes

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 6752

1. Article Addressed to:

OMIMEX PETROLEUM INC
2001 BEACH ST, STE 810
FORT WORTH, TX 76103

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Julie Allen

☐ Agent

☐ Addressee

B. Received by (Printed Name)

J Allen

C. Date of Delivery

8/7/10

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 #: 71106605959000126752
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
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File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6769

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
Street, Apt. No.,
PO Box No.
City, State, Zip+4
ONEIDA COBERLY
PO BOX 372
AZTEC, NM 87410

Code: Allocation Project - D.Howell



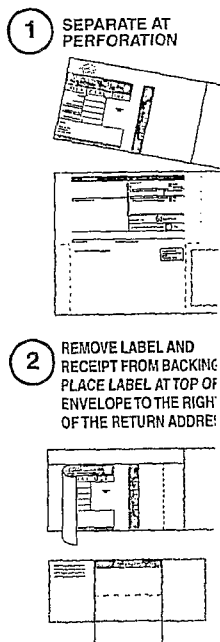
7110 6605 9590 0012 6769

ONEIDA COBERLY
PO BOX 372
AZTEC, NM 87410

Batch #: 2194
Article #: 71106605959000126769
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

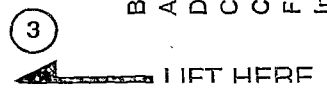
Reorder Form LCD- rev. 01/07

2. Article Number 7110 6605 9590 0012 6769	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: ONEIDA COBERLY PO BOX 372 AZTEC, NM 87410	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 6769	COMPLETE THIS SECTION ON DELIVERY A. Signature X Oneida Coberly B. Received by (Printed Name) Oneida Coberly 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: ONEIDA COBERLY PO BOX 372 AZTEC, NM 87410	
Code: Allocation Project - D.Howell	

Batch #: 2194
Article #: 71106605959000126769
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 6776

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

ORALIA CASAUS JARAMILLO
BOX 8075 HIGHWAY 4
JEMEZ PUEBLO, NM 87024

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6776

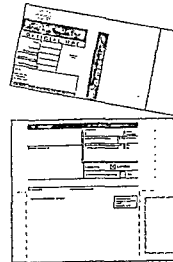
ORALIA CASAUS JARAMILLO
BOX 8075 HIGHWAY 4
JEMEZ PUEBLO, NM 87024

Batch #: 2194
Article #: 71106605959000126776
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

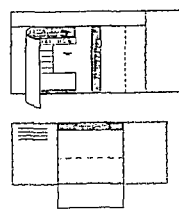
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6776	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ORALIA CASAUS JARAMILLO BOX 8075 HIGHWAY 4 JEMEZ PUEBLO, NM 87024	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 6776	A. Signature X <i>Elizabeth Jaramillo</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>Elizabeth Jaramillo</i>	C. Date of Delivery <i>9.03.2010</i>
ORALIA CASAUS JARAMILLO BOX 8075 HIGHWAY 4 JEMEZ PUEBLO, NM 87024	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 #: 71106605959000126776
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 6783

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	

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

OROCO LLC
13170B CENTRAL SE PMB 325
ALBUQUERQUE, NM 87123

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6783

OROCO LLC
13170B CENTRAL SE PMB 325
ALBUQUERQUE, NM 87123

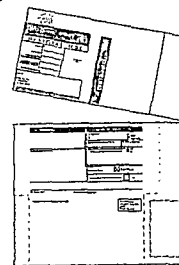
Batch #: 2194
Article #: 71106605959000126783
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-100 rev. 01/07

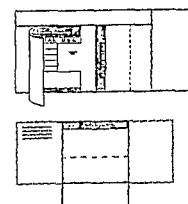
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6783	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
OROCO LLC 13170B CENTRAL SE PMB 325 ALBUQUERQUE, NM 87123	D. Is delivery address different from item 1? ☐ Yes If YES 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 6783	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
OROCO LLC 13170B CENTRAL SE PMB 325 ALBUQUERQUE, NM 87123	D. Is 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 #: 71106605959000126783
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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7110 6605 9590 0012 6790

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	

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

OTTERBELT LLL
ATTN: SUZANN BELT, MANAGER
6803 KYLE ROAD
BIG SPRING, TX 79720

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6790

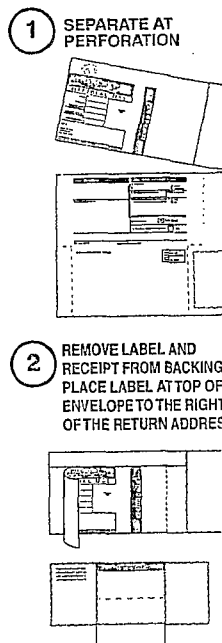
OTTERBELT LLL
ATTN: SUZANN BELT, MANAGER
6803 KYLE ROAD
BIG SPRING, TX 79720

Batch #: 2194
Article #: 71106605959000126790
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 6790	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
OTTERBELT LLL ATTN: SUZANN BELT, MANAGER 6803 KYLE ROAD BIG SPRING, TX 79720	D. Is 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 6790	A. Signature X Mike Belt ☒ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
OTTERBELT LLL ATTN: SUZANN BELT, MANAGER 6803 KYLE ROAD BIG SPRING, TX 79720	MIKE BELT	9-15-10
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126790
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
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File #:
Internal File #:
Internal Code #: