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7110 6605 9590 0013 1077

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

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

T D CUNNINGHAM
PO BOX 5383
DENVER, CO 80217-5383

Code: Allocation Project - D.Howell

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 1077

T D CUNNINGHAM
PO BOX 5383
DENVER, CO 80217-5383

Batch #: 2202
Article #: 71106605959000131077
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1077

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:

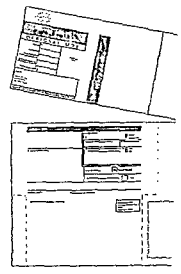
T D CUNNINGHAM
PO BOX 5383
DENVER, CO 80217-5383

3. Service Type ☒ Certified

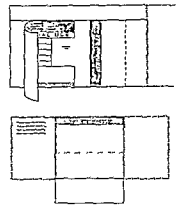
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 0013 1077

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Matthew Hadeau ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Matthew Hadeau | C. Date of Delivery 9-7-10

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

1. Article Addressed to:

T D CUNNINGHAM
PO BOX 5383
DENVER, CO 80217-5383

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131077
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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7110 6605 9590 0013 1091

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

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

TAMACAM LLC
C/O JAMES M RAYMOND-POA
PO BOX 291445
KERRVILLE, TX 78029-1445

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

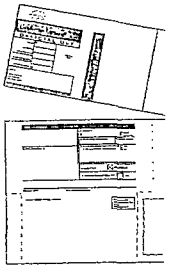
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

7110 6605 9590 0013 1091

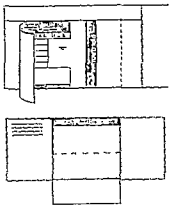
TAMACAM LLC
C/O JAMES M RAYMOND-POA
PO BOX 291445
KERRVILLE, TX 78029-1445

Batch #: 2202
Article #: 71106605959000131091
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP O
ENVELOPE TO THE RIGH
OF THE RETURN ADDRE



Reorder Form 3811R rev. 01/07

2. Article Number

7110 6605 9590 0013 1091

1. Article Addressed to:

TAMACAM LLC
C/O JAMES M RAYMOND-POA
PO BOX 291445
KERRVILLE, TX 78029-1445

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 0013 1091

1. Article Addressed to:

TAMACAM LLC
C/O JAMES M RAYMOND-POA
PO BOX 291445
KERRVILLE, TX 78029-1445

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Nicole Govertsen ☒ Agent ☐ Addressee

B. Received by (Printed Name) Nicole Govertsen | C. Date of Delivery 09/08/10

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

PS Form 3811 **Domestic Return Receipt**

Batch #: 2202
Article #: 71106605959000131091
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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7110 6605 9590 0013 4023

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

Sent To: TANE R POTTER
109 KING JAMES CIR

Street, Apt. No.; or PO Box No.:

City, State, Zip+4: OXFORD, PA 19363-4223

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 4023

TANE R POTTER
109 KING JAMES CIR
OXFORD, PA 19363-4223

Batch #: 2273
Article #: 71106605959000134023
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0013 4023

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:

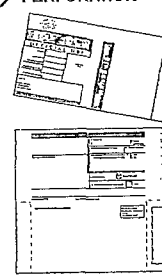
TANE R POTTER
109 KING JAMES CIR

OXFORD, PA 19363-4223

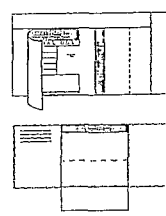
3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK
PLACE LABEL AT TOP
ENVELOPE TO THE RI
OF THE RETURN ADDR



2. Article Number

SEP 24 2010
USPS - 19363-9998

7110 6605 9590 0013 4023

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X TR Potter ☐ 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:

TANE R POTTER
109 KING JAMES CIR

OXFORD, PA 19363-4223

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Batch #: 2273
Article #: 71106605959000134023
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0013 1107

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

Sent To
TED E DUFF TRUST
Street, Apt. No.; or PO Box No.
PO BOX 398
City, State, Zip+4
RUIDOSO, NM 88345

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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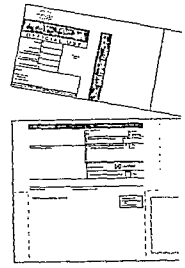
7110 6605 9590 0013 1107

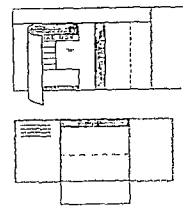
TED E DUFF TRUST
PO BOX 398
RUIDOSO, NM 88345

Batch #: 2202
Article #: 71106605959000131107
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0013 1107

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:

TED E DUFF TRUST
PO BOX 398
RUIDOSO, NM 88345

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1107

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ted E Duff ☐ Agent ☐ Addressee

B. Received by (Printed Name) TED DUFF | C. Date of Delivery 9/1/10

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

1. Article Addressed to:

TED E DUFF TRUST
PO BOX 398
RUIDOSO, NM 88345

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131107
Date/Time: 8/31/2010 1:28:43 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 1114

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

Sent To
TEMPE LIMITED PARTNERSHIP
C/O F E OR M K HARRINGTON
Street, Apt. No.; or PO Box No.
8081 CLYMER LANE
City, State, Zip+4
INDIANAPOLIS, IN 46250

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

CERTIFIED MAIL

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

7110 6605 9590 0013 1114

TEMPE LIMITED PARTNERSHIP
C/O F E OR M K HARRINGTON
8081 CLYMER LANE
INDIANAPOLIS, IN 46250

Batch #: 2202
Article #: 71106605959000131114
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1114

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:

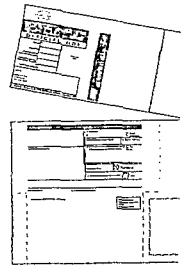
TEMPE LIMITED PARTNERSHIP
C/O F E OR M K HARRINGTON
8081 CLYMER LANE
INDIANAPOLIS, IN 46250

3. Service Type ☒ Certified

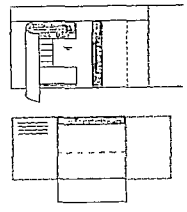
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 ADDRES



2. Article Number

7110 6605 9590 0013 1114

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mary Harrington ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) M. HARRINGTON C. Date of Delivery 9-20-10

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

SEP 20 2010
INDIANAPOLIS IN 46250

1. Article Addressed to:

TEMPE LIMITED PARTNERSHIP
C/O F E OR M K HARRINGTON
8081 CLYMER LANE
INDIANAPOLIS, IN 46250

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131114
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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7110 6605 9590 0013 1121

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

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

TERA ELIZABETH SALTER
1457 W UNIVERSITY DR 74
MESA, AZ 85201

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

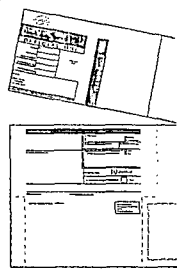
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

7110 6605 9590 0013 1121

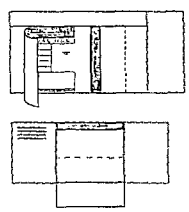
TERA ELIZABETH SALTER
1457 W UNIVERSITY DR 74
MESA, AZ 85201

Batch #: 2202
Article #: 71106605959000131121
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-[illegible] rev. 01/07

2. Article Number

7110 6605 9590 0013 1121

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:

TERA ELIZABETH SALTER
1457 W UNIVERSITY DR 74
MESA, AZ 85201

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1121

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tera Salter ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) TERA SALTER | C. Date of Delivery

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

1. Article Addressed to:

TERA ELIZABETH SALTER
1457 W UNIVERSITY DR 74
MESA, AZ 85201

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131121
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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U.S. Postal Service™
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For delivery information visit our website at www.usps.com

7110 6605 9590 0013 4030

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

Sent To: TERESA SLOCUM
Street, Apt. No.; or PO Box No.: 21 RD 5150
City, State, ZIP+4: BLOOMFIELD, NM 87413

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 4030

TERESA SLOCUM
21 RD 5150

BLOOMFIELD, NM 87413

Batch #: 2273
Article #: 71106605959000134030
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 4030

1. Article Addressed to:

TERESA SLOCUM
21 RD 5150

BLOOMFIELD, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

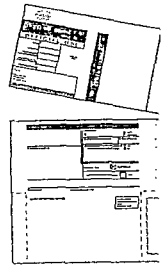
B. Received by (*Printed Name*) | C. Date of Delivery

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

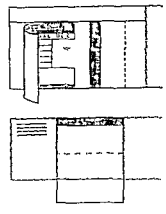
3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDR



2. Article Number

7110 6605 9590 0013 4030

1. Article Addressed to:

TERESA SLOCUM
21 RD 5150

BLOOMFIELD, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Teresa Slocum ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | 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

Batch #: 2273
Article #: 71106605959000134030
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

7110 6605 9590 0013 1138

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

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

TEX ZIA PROPERTIES LTD
PO BOX 261427
PLANO, TX 75026-1427

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 — See Reverse for Instructions

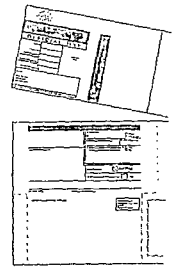
CERTIFIED MAIL™

7110 6605 9590 0013 1138

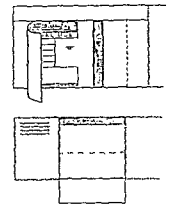
TEX ZIA PROPERTIES LTD
PO BOX 261427
PLANO, TX 75026-1427

Batch #: 2202
Article #: 71106605959000131138
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDR



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1138

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:

TEX ZIA PROPERTIES LTD
PO BOX 261427
PLANO, TX 75026-1427

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1138

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sara Montgomery ☐ Agent ☐ Addressee

B. Received by (Printed Name) Sara Montgomery | C. Date of Delivery 9-9-10

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

1. Article Addressed to:

TEX ZIA PROPERTIES LTD
PO BOX 261427
PLANO, TX 75026-1427

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131138
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0013 1145

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

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

TEXAS ROYALTIES
P O BOX 3579
MIDLAND, TX 79702

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

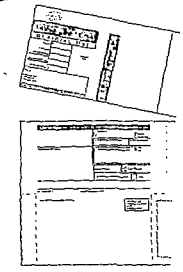
CERTIFIED MAIL™
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

7110 6605 9590 0013 1145

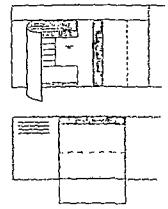
TEXAS ROYALTIES
P O BOX 3579
MIDLAND, TX 79702

Batch #: 2202
Article #: 71106605959000131145
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKII PLACE LABEL AT TOP ENVELOPE TO THE RIG OF THE RETURN ADDF



Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0013 1145

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:

TEXAS ROYALTIES
P O BOX 3579
MIDLAND, TX 79702

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

2. Article Number

7110 6605 9590 0013 1145

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X E Edwards ☒ Agent ☐ Addressee

B. Received by (Printed Name) E Edwards | C. Date of Delivery 9-17-10

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

1. Article Addressed to:

TEXAS ROYALTIES
P O BOX 3579
MIDLAND, TX 79702

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131145
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

3

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7110 6605 9590 0013 1152

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

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

THE DOROTHY T RUTTER TRUST
PO BOX 3186
MIDLAND, TX 79702

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

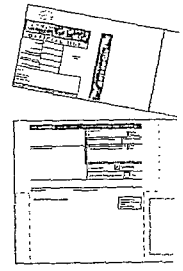
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 1152

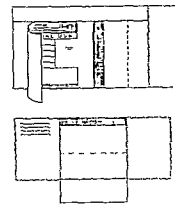
THE DOROTHY T RUTTER TRUST
PO BOX 3186
MIDLAND, TX 79702

Batch #: 2202
Article #: 71106605959000131152
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP O ENVELOPE TO THE RIGH OF THE RETURN ADDRE



Reorder Form LCD-8 ... 01/07

2. Article Number

7110 6605 9590 0013 1152

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:

THE DOROTHY T RUTTER TRUST
PO BOX 3186
MIDLAND, TX 79702

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1152

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X A.W. Rutter Jr ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) A.W. RUTTER, Jr | C. Date of Delivery 9/8/10

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

1. Article Addressed to:

THE DOROTHY T RUTTER TRUST
PO BOX 3186
MIDLAND, TX 79702

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131152
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0013 1084

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

Sent To: T H MCELVAIN OIL AND GAS PROP
Street, Apt. No.; or PO Box No.: ATTN: MR. RICK HARRIS
City, State, Zip+4: 1050 17TH ST STE 1800
DENVER, CO 80265

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0013 1084

T H MCELVAIN OIL AND GAS PROP
ATTN: MR. RICK HARRIS
1050 17TH ST STE 1800
DENVER, CO 80265

Batch #: 2202
Article #: 71106605959000131084
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1084

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:

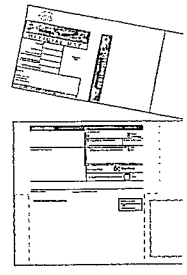
T H MCELVAIN OIL AND GAS PROP
ATTN: MR. RICK HARRIS
1050 17TH ST STE 1800
DENVER, CO 80265

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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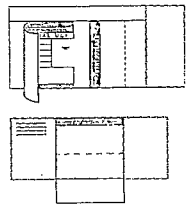

2. Article Number

7110 6605 9590 0013 1084

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Teri Ort-4 | C. Date of Delivery SEP 3 2010

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

1. Article Addressed to:

T H MCELVAIN OIL AND GAS PROP
ATTN: MR. RICK HARRIS
1050 17TH ST STE 1800
DENVER, CO 80265

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131084
Date/Time: 8/31/2010 1:28:43 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 1169

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

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

THE FASKEN FAMILY LIMITED PARTNERSH
P. O. BOX 5383
DENVER, CO 80217

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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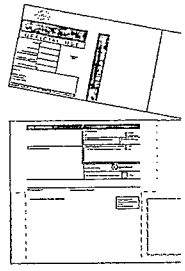
7110 6605 9590 0013 1169

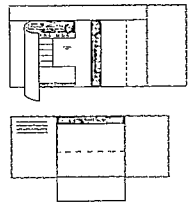
THE FASKEN FAMILY LIMITED PARTNERSH
P. O. BOX 5383
DENVER, CO 80217

Batch #: 2202
Article #: 71106605959000131169
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1169

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:

THE FASKEN FAMILY LIMITED PARTNERSH
P. O. BOX 5383
DENVER, CO 80217

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1169

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Matthew Addressee ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Matthew Addressee | C. Date of Delivery 9-7-10

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

1. Article Addressed to:

THE FASKEN FAMILY LIMITED PARTNERSH
P. O. BOX 5383
DENVER, CO 80217

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131169
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0013 1176

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

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

THE NORDAN TRUST
112 E. PECAN, SUITE 500
SAN ANTONIO, TX 78205

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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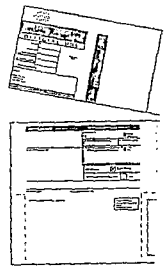
7110 6605 9590 0013 1176

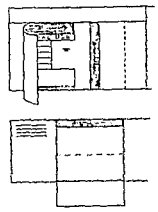
THE NORDAN TRUST
112 E. PECAN, SUITE 500
SAN ANTONIO, TX 78205

Batch #: 2202
Article #: 71106605959000131176
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK PLACE LABEL AT TOP ENVELOPE TO THE RI OF THE RETURN ADD



Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0013 1176

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:

THE NORDAN TRUST
112 E. PECAN, SUITE 500
SAN ANTONIO, TX 78205

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1176

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Debbie Riley ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Debbie Riley | C. Date of Delivery 9-8-10

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

1. Article Addressed to:

THE NORDAN TRUST
112 E. PECAN, SUITE 500
SAN ANTONIO, TX 78205

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2202
Article #: 71106605959000131176
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

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7110 6605 9590 0013 1183

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

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

THE ROBERT A SMITH & PATRICIA L SMI
3 ROAD 2978
AZTEC, NM 87410

Code: Allocation Project - D.Howell

Form 3800, August 2006 See Reverse for Instructions

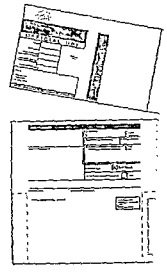
CERTIFIED MAIL™
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

7110 6605 9590 0013 1183

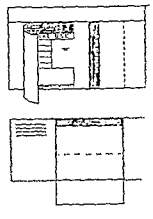
THE ROBERT A SMITH & PATRICIA L SMI
3 ROAD 2978
AZTEC, NM 87410

Batch #: 2202
Article #: 71106605959000131183
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK PLACE LABEL AT TOP ENVELOPE TO THE R OF THE RETURN ADD



Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0013 1183

1. Article Addressed to:

THE ROBERT A SMITH & PATRICIA L SM
3 ROAD 2978
AZTEC, NM 87410

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 0013 1183

1. Article Addressed to:

THE ROBERT A SMITH & PATRICIA L SM
3 ROAD 2978
AZTEC, NM 87410

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

Batch #: 2202
Article #: 71106605959000131183
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

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U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0013 1190

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

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

THE VIOLA I STEWART TRUST
P. O. BOX 291245
KERRVILLE, TX 78029-1245

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

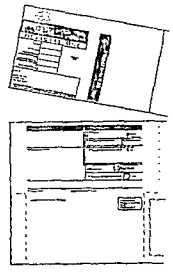
ALL STICKER ALTERATIONS VOID
CERTIFIED MAIL™

7110 6605 9590 0013 1190

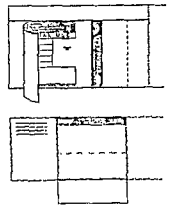
THE VIOLA I STEWART TRUST
P. O. BOX 291245
KERRVILLE, TX 78029-1245

Batch #: 2202
Article #: 71106605959000131190
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDR



Reorder Form LCD-8 ... 01/07

12. Article Number

7110 6605 9590 0013 1190

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:

THE VIOLA I STEWART TRUST
P. O. BOX 291245
KERRVILLE, TX 78029-1245

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1190

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☑ Agent ☐ Addressee

B. Received by (*Printed Name*) Nicole Geiertsen | C. Date of Delivery 09/08/10

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

1. Article Addressed to:

THE VIOLA I STEWART TRUST
P. O. BOX 291245
KERRVILLE, TX 78029-1245

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131190
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

7110 6605 9590 0013 1206

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

Sent To: THE WRIGHT BROS TRUST
Street, Apt. No.; or PO Box No.: C/O STANLEY M WRIGHT
City, State, Zip+4: 2157 HWY 130
BENNETT, IA 52721-9801

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 0013 1206

THE WRIGHT BROS TRUST
C/O STANLEY M WRIGHT
2157 HWY 130
BENNETT, IA 52721-9801

Batch #: 2202
Article #: 71106605959000131206
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD Rev. 01/07

2. Article Number

7110 6605 9590 0013 1206

1. Article Addressed to:

THE WRIGHT BROS TRUST
C/O STANLEY M WRIGHT
2157 HWY 130
BENNETT, IA 52721-9801

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

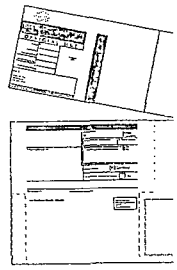
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

3. Service Type ☒ Certified

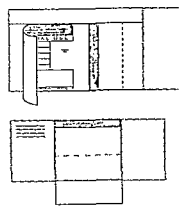
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 ADDRES



2. Article Number

7110 6605 9590 0013 1206

1. Article Addressed to:

THE WRIGHT BROS TRUST
C/O STANLEY M WRIGHT
2157 HWY 130
BENNETT, IA 52721-9801

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Stanley M Wright ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) STANLEY M WRIGHT | 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

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131206
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0013 1213

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

Sent To
THELMA DEMOTT
Street, Apt. No.; or PO Box No.
501 E PHELPS APT B4
City, State, Zip+4
HOPKINS, MO 64461

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

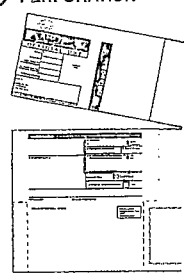
CERTIFIED MAIL™

7110 6605 9590 0013 1213

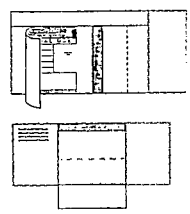
THELMA DEMOTT
501 E PHELPS APT B4
HOPKINS, MO 64461

Batch #: 2202
Article #: 71106605959000131213
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1213

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:

THELMA DEMOTT
501 E PHELPS APT B4
HOPKINS, MO 64461

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1213

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Thelma Demott ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Thelma DeMott | C. Date of Delivery 9/7/10

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

1. Article Addressed to:

THELMA DEMOTT
501 E PHELPS APT B4
HOPKINS, MO 64461

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2202
Article #: 71106605959000131213
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

USPS APPROVED

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

7110 6605 9590 0013 1220

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

Sent To
THELMA GRAHAM FAMILY LIMITED PARTN
Street, Apt. No.; or PO Box No.
7111 E 82 STREET
City, State, Zip+4
TULSA, OK 74133

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

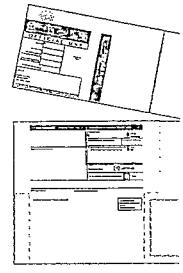
CERTIFIED MAIL™

7110 6605 9590 0013 1220

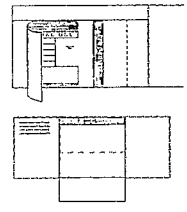
THELMA GRAHAM FAMILY LIMITED PARTNE
7111 E 82 STREET
TULSA, OK 74133

Batch #: 2202
Article #: 71106605959000131220
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-[illegible] Rev. 01/07

2. Article Number
7110 6605 9590 0013 1220

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:
THELMA GRAHAM FAMILY LIMITED PARTNE
7111 E 82 STREET
TULSA, OK 74133

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS

2. Article Number
7110 6605 9590 0013 1220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X William O. Graham ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) William O. Graham | C. Date of Delivery

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

1. Article Addressed to:
THELMA GRAHAM FAMILY LIMITED PARTNE
7111 E 82 STREET
TULSA, OK 74133

SEP 07 2010

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131220
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

LIFT HERE

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

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

Sent To: THEODORE J BLECHAR TRUST
Street, Apt. No.; or PO Box No.: 6669 BARNABY ST NW
City, State, Zip+4: WASHINGTON, DC 20015

Code: Allocation Project - D.Howell

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 1237

THEODORE J BLECHAR TRUST
6669 BARNABY ST NW
WASHINGTON, DC 20015

Batch #: 2202
Article #: 71106605959000131237
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1237

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:

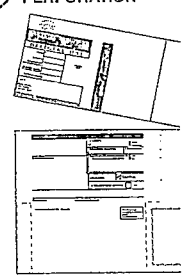
THEODORE J BLECHAR TRUST
6669 BARNABY ST NW
WASHINGTON, DC 20015

3. Service Type ☒ Certified

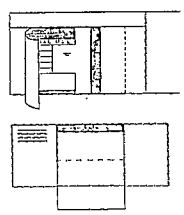
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 ADDRES



2. Article Number

7110 6605 9590 0013 1237

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:

THEODORE J BLECHAR TRUST
6669 BARNABY ST NW
WASHINGTON, DC 20015

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

SEP 10 2010

Batch #: 2202
Article #: 71106605959000131237
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0013 3170

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

$5.54

Sent To
THOMAS AHO TR
Street, Apt. No.; or PO Box No.
1391 SMT CHASE DR
City, State, Zip+4
SNELLVILLE, GA 30078-3520

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 3170

THOMAS AHO TR
1391 SMT CHASE DR
SNELLVILLE, GA 30078-3520

Batch #: 2269
Article #: 71106605959000133170
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

7110 6605 9590 0013 3170

1. Article Addressed to:

THOMAS AHO TR
1391 SMT CHASE DR

SNELLVILLE, GA 30078-3520

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

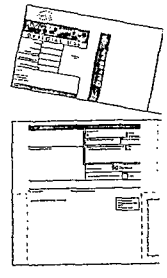
B. Received by (*Printed Name*) | C. Date of Delivery

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

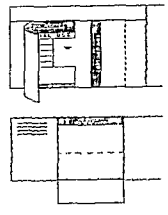
3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

(1) SEPARATE AT PERFORATION



(2) REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDR



2. Article Number

7110 6605 9590 0013 3170

1. Article Addressed to:

THOMAS AHO TR
1391 SMT CHASE DR

SNELLVILLE, GA 30078-3520

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Barbara Aho ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Barbara Aho | C. Date of Delivery 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 #: 2269
Article #: 71106605959000133170
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

(3) LIFT HERE

APPROVED

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

7110 6605 9590 0013 1244

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

Sent To: THOMAS B. CATRON, III AND JUNE U/A DECEMBER 1, 1996
Street, Apt. No.; or PO Box No.: PO BOX 788
City, State, Zip+4: SANTA FE, NM 87504-0788

Code: Allocation Project - D.Howell

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 1244

THOMAS B. CATRON, III AND JUNE
U/A DECEMBER 1, 1996
PO BOX 788
SANTA FE, NM 87504-0788

Batch #: 2202
Article #: 71106605959000131244
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1244

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:

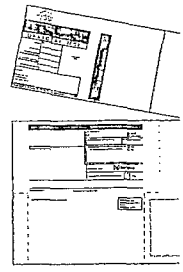
THOMAS B. CATRON, III AND JUNE
U/A DECEMBER 1, 1996
PO BOX 788
SANTA FE, NM 87504-0788

3. Service Type ☒ Certified

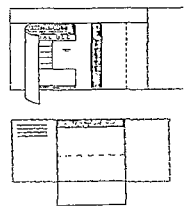
4. Restricted Delivery? (Extra Fee) ☐ Yes

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 ADDRES



2. Article Number

7110 6605 9590 0013 1244

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

THOMAS B. CATRON, III AND JUNE
U/A DECEMBER 1, 1996
PO BOX 788
SANTA FE, NM 87504-0788

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131244
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

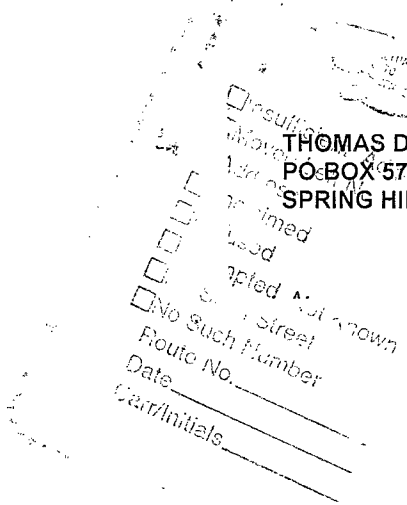
San Juan Busi Unit
PO Box 4289
Farmington NM 87499-4289

ConocoPhillips

7110 6605 9590 0013 1251

9/7

THOMAS D CITRANGOLA &
PO BOX 5720
SPRING HILL, FL 34609



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

7110 6605 9590 0013 1251

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

Sent To: THOMAS D CITRANGOLA &
Street, Apt. No.; or PO Box No.: PO BOX 5720
City, State, Zip+4: SPRING HILL, FL 34609

Code: Allocation Project - D.Howell

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

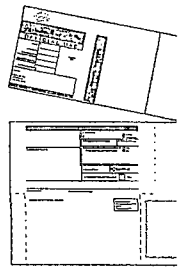
CERTIFIED MAIL™

7110 6605 9590 0013 1251

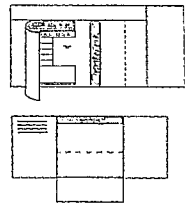
THOMAS D CITRANGOLA &
PO BOX 5720
SPRING HILL, FL 34609

Batch #: 2202
Article #: 71106605959000131251
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0013 1251

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:

THOMAS D CITRANGOLA &
PO BOX 5720
SPRING HILL, FL 34609

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Reorder Form LCD-8 Rev. 01/07

PS Form 3811 **Domestic Return Receipt**

UNITED STATES POSTAL SERVICE

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

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

Batch #: 2202
Article #: 71106605959000131251
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

APPROVED

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 0013 1268

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

Sent To: THOMAS E DUNNAM III
Street, Apt. No.; or PO Box No.: 14618 REIGH COUNT
City, State, Zip+4: SAN ANTONIO, TX 78248-1139

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 See Reverse for Instructions

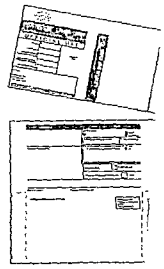
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 1268

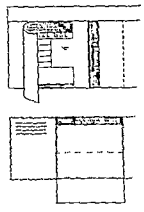
THOMAS E DUNNAM III
14618 REIGH COUNT
SAN ANTONIO, TX 78248-1139

Batch #: 2202
Article #: 71106605959000131268
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AN RECEIPT FROM BAC PLACE LABEL AT TO ENVELOPE TO THE I OF THE RETURN AD



Reorder Form LCD-81 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1268

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:

THOMAS E DUNNAM III
14618 REIGH COUNT
SAN ANTONIO, TX 78248-1139

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1268

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:

THOMAS E DUNNAM III
14618 REIGH COUNT
SAN ANTONIO, TX 78248-1139

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

TED DUNNAM
14618 Reigh Court
San Antonio TX 78248

SEP - 9 2010

Batch #: 2202
Article #: 71106605959000131268
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HER

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

7110 6605 9590 0013 1275

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

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

THOMAS F MCKENNA SR CREDIT SHELTER
1200 EUBANK AVE
ALBUQUERQUE, NM 87112

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

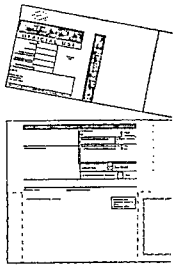
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL

7110 6605 9590 0013 1275

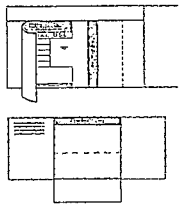
THOMAS F MCKENNA SR CREDIT SHELTER
1200 EUBANK AVE
ALBUQUERQUE, NM 87112

Batch #: 2202
Article #: 71106605959000131275
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0013 1275

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:

THOMAS F MCKENNA SR CREDIT SHELTER
1200 EUBANK AVE
ALBUQUERQUE, NM 87112

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1275

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X C Wakley ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C Wakley | C. Date of Delivery 9/3/10

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

1. Article Addressed to:

THOMAS F MCKENNA SR CREDIT SHELTER
1200 EUBANK AVE
ALBUQUERQUE, NM 87112

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131275
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

U.S. Postal Service™

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For delivery information visit our website at www.usps.com®

7110 6605 9590 0013 1282

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

Sent To

Street, Apt. No.; or PO Box No.

City, State, Zip+4

THOMAS KEVIN PRESTON
6802 RAYNOR WAY
SUGAR LAND, TX 77479

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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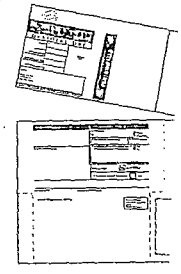
7110 6605 9590 0013 1282

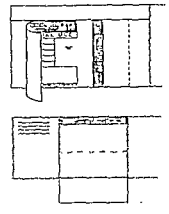
THOMAS KEVIN PRESTON
6802 RAYNOR WAY
SUGAR LAND, TX 77479

Batch #: 2202
Article #: 71106605959000131282
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDF



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1282

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:

THOMAS KEVIN PRESTON
6802 RAYNOR WAY
SUGAR LAND, TX 77479

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

~~Code: Allocation Project - D.Howell~~

2. Article Number

7110 6605 9590 0013 1282

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Leslie Preston ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Leslie Preston C. Date of Delivery 9/16/10

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

1. Article Addressed to:

THOMAS KEVIN PRESTON
6802 RAYNOR WAY
SUGAR LAND, TX 77479

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

~~Code: Allocation Project - D.Howell~~

Batch #: 2202
Article #: 71106605959000131282
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

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(Domestic Mail Only; No Insurance Coverage Provided)
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7110 6605 9590 0013 1299

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

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

THOMAS P TINNIN
PO BOX 1885
ALBUQUERQUE, NM 87103

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

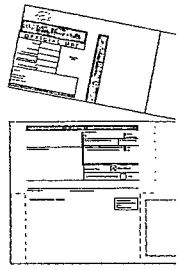
CERTIFIED MAIL™

7110 6605 9590 0013 1299

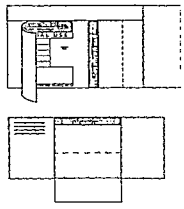
THOMAS P TINNIN
PO BOX 1885
ALBUQUERQUE, NM 87103

Batch #: 2202
Article #: 71106605959000131299
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-[illegible] Rev. 01/07

2. Article Number

7110 6605 9590 0013 1299

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:

THOMAS P TINNIN
PO BOX 1885
ALBUQUERQUE, NM 87103

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 #: 2202
Article #: 71106605959000131299
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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

7110 6605 9590 0013 1305

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

Sent To
THOMAS POLLOCK
Street, Apt. No.; or PO Box No.
3931 WHITEFISH BAY ROAD
City, State, Zip+4
STURGEON BAY, WI 54235-9575

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

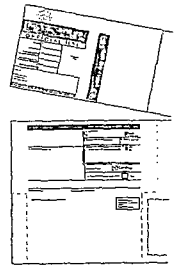
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 1305

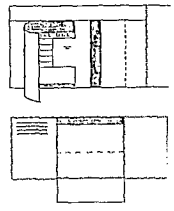
THOMAS POLLOCK
3931 WHITEFISH BAY ROAD
STURGEON BAY, WI 54235-9575

Batch #: 2202
Article #: 71106605959000131305
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP O
ENVELOPE TO THE RIGI
OF THE RETURN ADDRE



Reorder Form LCD-[illegible] Rev. 01/07

2. Article Number

7110 6605 9590 0013 1305

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:

THOMAS POLLOCK
3931 WHITEFISH BAY ROAD
STURGEON BAY, WI 54235-9575

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1305

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:

THOMAS POLLOCK
3931 WHITEFISH BAY ROAD
STURGEON BAY, WI 54235-9575

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131305
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

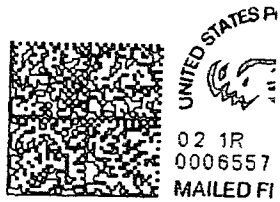
PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

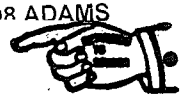
San Juan Business Unit
PO Box 4289
Farmington NM 87499-4289

ConocoPhillips

7110 6605 9590 0013 1312



THOMAS R DUFFIN
1508 ADAMS



REASON CHECKED

- ☐ Moved, Left No Address/Unable To Forward
- ☐ Attempted - Not Known
- ☒ Unclaimed ☐ Refused
- ☐ No Such Street ☐ No Such Number
- ☐ Insufficient Address

GB

2nd 9-15
RT

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7110 6605 9590 0013 1329

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

Sent To
THOMAS W ISHAM
Street, Apt. No.; or PO Box No.
3101 W CHESTNUT AVE
City, State, Zip+4
YAKIMA, WA 98902

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

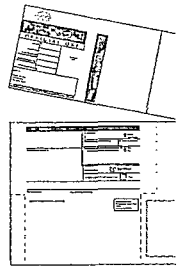
CERTIFIED MAIL™

7110 6605 9590 0013 1329

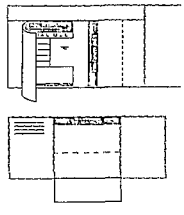
THOMAS W ISHAM
3101 W CHESTNUT AVE
YAKIMA, WA 98902

Batch #: 2202
Article #: 71106605959000131329
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

(1) SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

SENDER: COMPLETE THIS SECTION

2. Article Number

7110 6605 9590 0013 1329

1. Article Addressed to:

THOMAS W ISHAM
3101 W CHESTNUT AVE
YAKIMA, WA 98902

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number

7110 6605 9590 0013 1329

1. Article Addressed to:

THOMAS W ISHAM
3101 W CHESTNUT AVE
YAKIMA, WA 98902

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Batch #: 2202
Article #: 71106605959000131329
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

(3) LIFT HERE

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

7110 6605 9590 0013 1336

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

Sent To
THOMAS W MANDRY
Street, Apt. No.; or PO Box No. 5843 49TH ST
City, State, Zip+4 LUBBOCK, TX 79424

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

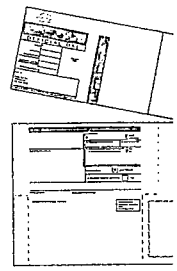
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

7110 6605 9590 0013 1336

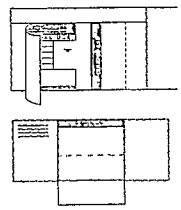
THOMAS W MANDRY
5843 49TH ST
LUBBOCK, TX 79424

Batch #: 2202
Article #: 71106605959000131336
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD Rev. 01/07

2. Article Number

7110 6605 9590 0013 1336

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:

THOMAS W MANDRY
5843 49TH ST
LUBBOCK, TX 79424

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1336

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Robert Bullock ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

THOMAS W MANDRY
5843 49TH ST
LUBBOCK, TX 79424

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131336
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
7110 6605 9590 0013 1343

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

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

THOMPSON FAMILY LLC
1370 TESUQUE CREEK RD
SANTA FE, NM 87501

Code: Allocation Project - D.Howell

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™

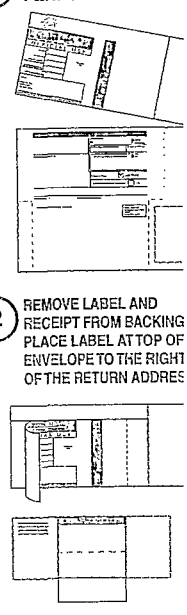
7110 6605 9590 0013 1343

THOMPSON FAMILY LLC
1370 TESUQUE CREEK RD
SANTA FE, NM 87501

Batch #: 2202
Article #: 71106605959000131343
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION

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



2. Article Number

7110 6605 9590 0013 1343

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:

THOMPSON FAMILY LLC
1370 TESUQUE CREEK RD
SANTA FE, NM 87501

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Reorder Form LCD Rev. 01/07

2. Article Number

7110 6605 9590 0013 1343

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sherry Thompson ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) SHERRY THOMPSON C. Date of Delivery 9/3/10

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

1. Article Addressed to:

THOMPSON FAMILY LLC
1370 TESUQUE CREEK RD
SANTA FE, NM 87501

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

SANTA FE NM 87501 SEP 3 2010 USPS

Batch #: 2202
Article #: 71106605959000131343
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 Domestic Return Receipt

3 LIFT HERE

APPROVED

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

7110 6605 9590 0013 1350

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

Sent To: TIERRA POBRE LLC
PO BOX 1847
CORRALES, NM 87048

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

Code: Allocation Project - D.Howell

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 1350

TIERRA POBRE LLC
PO BOX 1847
CORRALES, NM 87048

Batch #: 2202
Article #: 71106605959000131350
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-[illegible] Rev. 01/07

2. Article Number

7110 6605 9590 0013 1350

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:

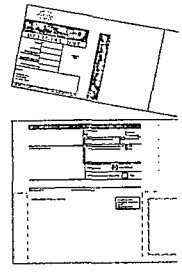
TIERRA POBRE LLC
PO BOX 1847
CORRALES, NM 87048

3. Service Type ☒ Certified

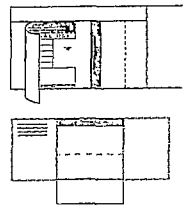
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 ADDRES



2. Article Number

7110 6605 9590 0013 1350

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) JAMES V HARRINGTON C. Date of Delivery 9-9-10

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

1. Article Addressed to:

TIERRA POBRE LLC
PO BOX 1847
CORRALES, NM 87048

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131350
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

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

For delivery information visit our website at www.usps.com

7110 6605 9590 0013 1367

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

Sent To: TIM B. ALLISON
Street, Apt. No.; or PO Box No.: 1401 CHACO
City, State, Zip+4: GRANTS, NM 87020

Code: Allocation Project - D.Howell

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

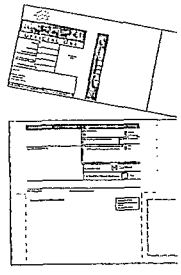
CERTIFIED MAIL

7110 6605 9590 0013 1367

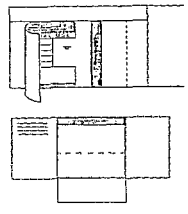
TIM B. ALLISON
1401 CHACO
GRANTS, NM 87020

Batch #: 2202
Article #: 71106605959000131367
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1367

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:

TIM B. ALLISON
1401 CHACO
GRANTS, NM 87020

3. Service Type ☒ Certified

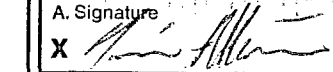
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1367

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X  ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery 9-9-10

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

1. Article Addressed to:

TIM B. ALLISON
1401 CHACO
GRANTS, NM 87020

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131367
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

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

7110 6605 9590 0013 1374

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

Sent To
TIMOTHY COBURN
2060 CAMINO A LOS CERROS
MENLO PARK, CA 94025

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

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 See Reverse for Instructions

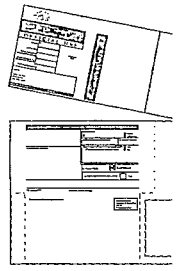
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

7110 6605 9590 0013 1374

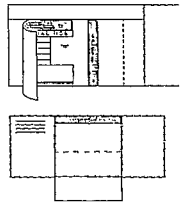
TIMOTHY COBURN
2060 CAMINO A LOS CERROS
MENLO PARK, CA 94025

Batch #: 2202
Article #: 71106605959000131374
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-[illegible] Rev. 01/07

2. Article Number
7110 6605 9590 0013 1374

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:

TIMOTHY COBURN
2060 CAMINO A LOS CERROS
MENLO PARK, CA 94025

Code: Allocation Project - D.Howell

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
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2202
Article #: 71106605959000131374
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

APPROVED

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

7110 6605 9590 0013 1381

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

Sent To
TIMOTHY WINSTON WARD
Street, Apt. No.; or PO Box No.
3856 KELLY BLVD
City, State, Zip+4
CARROLLTON, TX 75007

Code: Allocation Project - D.Howell

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

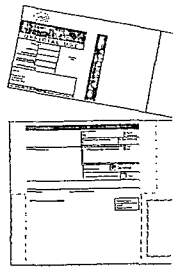
CERTIFIED MAIL™

7110 6605 9590 0013 1381

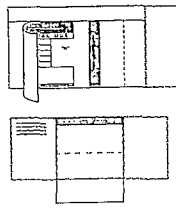
TIMOTHY WINSTON WARD
3856 KELLY BLVD
CARROLLTON, TX 75007

Batch #: 2202
Article #: 71106605959000131381
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8, Rev. 01/07

2. Article Number
7110 6605 9590 0013 1381

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:

TIMOTHY WINSTON WARD
3856 KELLY BLVD
CARROLLTON, TX 75007

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number
7110 6605 9590 0013 1381

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (*Printed Name*) [illegible] | C. Date of Delivery 9/4/10

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

1. Article Addressed to:

TIMOTHY WINSTON WARD
3856 KELLY BLVD
CARROLLTON, TX 75007

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131381
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

LIFT HERE

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

7110 6605 9590 0013 1398

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

Sent To
TINA GILES
Street, Apt. No.; or PO Box No.
16794 US HWY 550
City, State, Zip+4
AZTEC, NM 87410

Code: Allocation Project - D.Howell

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

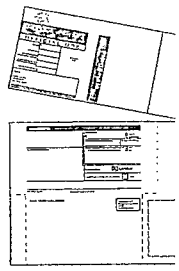
CERTIFIED MAIL™

7110 6605 9590 0013 1398

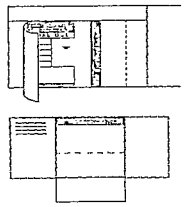
TINA GILES
16794 US HWY 550
AZTEC, NM 87410

Batch #: 2202
Article #: 71106605959000131398
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1398

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:

TINA GILES
16794 US HWY 550
AZTEC, NM 87410

Code: Allocation Project - D.Howell

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

7110 6605 9590 0013 1398

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tina Giles ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

TINA GILES
16794 US HWY 550
AZTEC, NM 87410

Code: Allocation Project - D.Howell

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

SEP 07 2010

USPS

Batch #: 2202
Article #: 71106605959000131398
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 Domestic Return Receipt

3 LIFT HERE

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

7110 6605 9590 0013 3712

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

Sent To: TINA GOMEZ
Street, Apt. No.; or PO Box No.: PO BOX 5796
City, State, Zip+4: PAGOSA SPRINGS, CO 81147

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 3712

TINA GOMEZ
PO BOX 5796

PAGOSA SPRINGS, CO 81147

Batch #: 2272
Article #: 71106605959000133712
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3712

1. Article Addressed to:

TINA GOMEZ
PO BOX 5796

PAGOSA SPRINGS, CO 81147

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

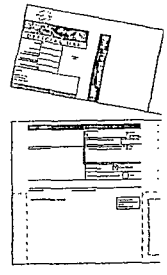
B. Received by (*Printed Name*) | C. Date of Delivery

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

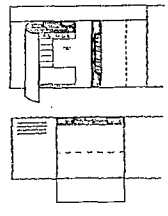
3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDR



2. Article Number

7110 6605 9590 0013 3712

1. Article Addressed to:

TINA GOMEZ
PO BOX 5796

PAGOSA SPRINGS, CO 81147

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *M Mc* ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) *MATT Gomez* | C. Date of Delivery 9/29/10

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 #: 2272
Article #: 71106605959000133712
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0013 3187

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

$5.54

Sent To
TINA HERBERT
Street, Apt. No.; or PO Box No.
331 MISTY ISLE LN UT C
City, State, Zip+4
LAS VEGAS, NV 89107

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

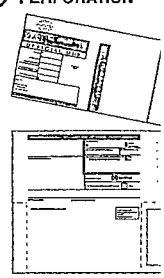
CERTIFIED MAIL™

7110 6605 9590 0013 3187

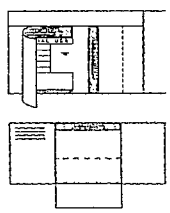
TINA HERBERT
331 MISTY ISLE LN UT C
LAS VEGAS, NV 89107

Batch #: 2269
Article #: 71106605959000133187
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDR



Reorder Form LCD-[illegible] rev. 01/07

2. Article Number
7110 6605 9590 0013 3187

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:

TINA HERBERT
331 MISTY ISLE LN UT C

LAS VEGAS, NV 89107

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
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2269
Article #: 71106605959000133187
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
7110 6605 9590 0013 1404

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

Sent To
TINMIL A NM LLC
C/O TINNIN LAW FIRM
500 MARQUETTE NW STE 1300
ALBUQUERQUE, NM 87102

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

Code: Allocation Project - D.Howell

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 1404

TINMIL A NM LLC
C/O TINNIN LAW FIRM
500 MARQUETTE NW STE 1300
ALBUQUERQUE, NM 87102

Batch #: 2202
Article #: 71106605959000131404
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number
7110 6605 9590 0013 1404

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:

TINMIL A NM LLC
C/O TINNIN LAW FIRM
500 MARQUETTE NW STE 1300
ALBUQUERQUE, NM 87102

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

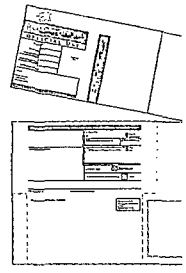
PS Form 3811 **Domestic Return Receipt**

UNITED STATES POSTAL SERVICE

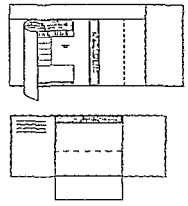
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Reorder Form LCD-6, Rev. 01/07

1 SEPARATE AT PERFORATION



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



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

Batch #: 2202
Article #: 71106605959000131404
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

APPROVED

U.S. Postal Service™
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7110 6605 9590 0013 1411

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

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

TOM D PATTERSON TRUSTEE OF THE
6908 PRESTONSHIRE LANE
DALLAS, TX 75225

Code: Allocation Project - D.Howell

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

7110 6605 9590 0013 1411

TOM D PATTERSON TRUSTEE OF THE
6908 PRESTONSHIRE LANE
DALLAS, TX 75225

Batch #: 2202
Article #: 71106605959000131411
Date/Time: 8/31/2010 1:28:45 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 0013 1411

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:

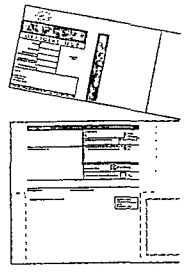
TOM D PATTERSON TRUSTEE OF THE
6908 PRESTONSHIRE LANE
DALLAS, TX 75225

3. Service Type ☒ Certified

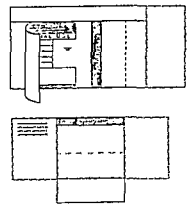
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 0013 1411

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tom Patterson ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) TOM PATTERSON C. Date of Delivery 9-7-10

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

1. Article Addressed to:

TOM D PATTERSON TRUSTEE OF THE
6908 PRESTONSHIRE LANE
DALLAS, TX 75225

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131411
Date/Time: 8/31/2010 1:28:45 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 1428

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

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

TOM K MARTELLA
16754 W 75TH PL
ARVADA, CO 80007

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0013 1428

TOM K MARTELLA
16754 W 75TH PL
ARVADA, CO 80007

Batch #: 2202
Article #: 71106605959000131428
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-6, Rev. 01/07

2. Article Number

7110 6605 9590 0013 1428

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:

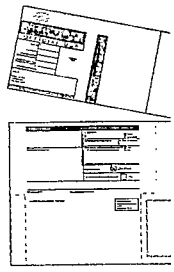
TOM K MARTELLA
16754 W 75TH PL
ARVADA, CO 80007

3. Service Type ☒ Certified

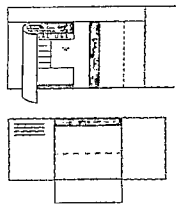
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 0013 1428

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tom K Martella ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Tom Martella | C. Date of Delivery 9-4-2010

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

1. Article Addressed to:

TOM K MARTELLA
16754 W 75TH PL
ARVADA, CO 80007

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131428
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

7110 6605 9590 0013 1435

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

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

TOMMY BOLACK
3901 BLOOMFIELD HWY
FARMINGTON, NM 87401

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL

7110 6605 9590 0013 1435

TOMMY BOLACK
3901 BLOOMFIELD HWY
FARMINGTON, NM 87401

Batch #: 2202
Article #: 71106605959000131435
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811 1/07

2. Article Number

7110 6605 9590 0013 1435

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:

TOMMY BOLACK
3901 BLOOMFIELD HWY
FARMINGTON, NM 87401

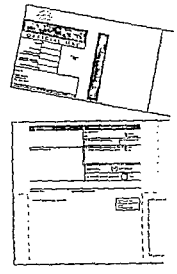
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

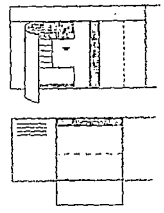
Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDF



2. Article Number

7110 6605 9590 0013 1435

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Becky Morris ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

TOMMY BOLACK
3901 BLOOMFIELD HWY
FARMINGTON, NM 87401

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

Batch #: 2202
Article #: 71106605959000131435
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3 LIFT HERE

U.S. Postal Service

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

7110 6605 9590 0013 1442

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

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

TONI THOMAS
401 W JEFFERSON
SHERIDAN, MO 64486

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

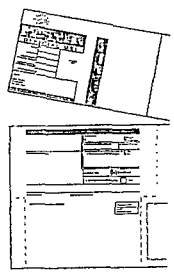
CERTIFIED MAIL™

7110 6605 9590 0013 1442

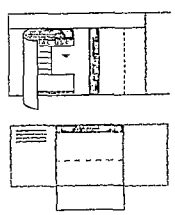
TONI THOMAS
401 W JEFFERSON
SHERIDAN, MO 64486

Batch #: 2202
Article #: 71106605959000131442
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP O
ENVELOPE TO THE RIGH
OF THE RETURN ADDRE



Reorder Form LCD-81[illegible] 01/07

2. Article Number

7110 6605 9590 0013 1442

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:

TONI THOMAS
401 W JEFFERSON
SHERIDAN, MO 64486

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

~~Code: Allocation Project - D.Howell~~

2. Article Number

7110 6605 9590 0013 1442

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Toni Thomas ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Toni Thomas | C. Date of Delivery 9-7-10

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

1. Article Addressed to:

TONI THOMAS
401 W JEFFERSON
SHERIDAN, MO 64486

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

~~Code: Allocation Project - D.Howell~~

Batch #: 2202
Article #: 71106605959000131442
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

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

7110 6605 9590 0013 1459

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

Sent To
TRIGG OIL & GAS LIMITED PARTNERSHIP
Street, Apt. No.; or PO Box No.
PO BOX 520
City, State, Zip+4
ROSWELL, NM 88201

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

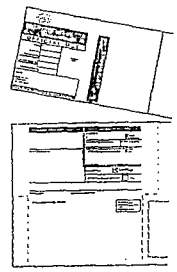
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL

7110 6605 9590 0013 1459

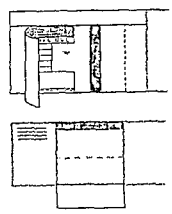
TRIGG OIL & GAS LIMITED PARTNERSHIP
PO BOX 520
ROSWELL, NM 88201

Batch #: 2202
Article #: 71106605959000131459
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP C
ENVELOPE TO THE RIGI
OF THE RETURN ADDRI



Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0013 1459

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:

TRIGG OIL & GAS LIMITED PARTNERSHIP
PO BOX 520
ROSWELL, NM 88201

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1459

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☒ Agent ☒ Addressee

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

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

1. Article Addressed to:

TRIGG OIL & GAS LIMITED PARTNERSHIP
PO BOX 520
ROSWELL, NM 88201

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

ROSWELL, NM 88201 SEP 1 2010 USPS

Batch #: 2202
Article #: 71106605959000131459
Date/Time: 8/31/2010 1:28:45 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 1466

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

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

TRIGG OIL LLC
4 MAIZE TR
PLACITAS, NM 87043

Code: Allocation Project - D.Howell

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

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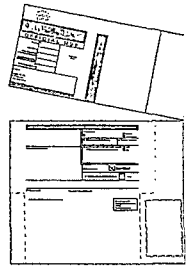
7110 6605 9590 0013 1466

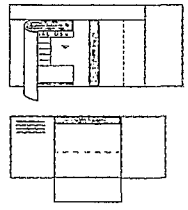
TRIGG OIL LLC
4 MAIZE TR
PLACITAS, NM 87043

Batch #: 2202
Article #: 71106605959000131466
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8, Rev. 01/07

2. Article Number 7110 6605 9590 0013 1466

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:

TRIGG OIL LLC
4 MAIZE TR
PLACITAS, NM 87043

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 #: 2202
Article #: 71106605959000131466
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

U.S. Postal Service™
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7110 6605 9590 0013 1473

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

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

TRISTAR GAS MARKETING COMPANY
8150 N CENTRAL EXPRESSWAY
DALLAS, TX 75206

Code: Allocation Project - D.Howell

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

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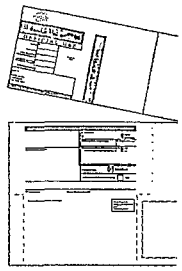
7110 6605 9590 0013 1473

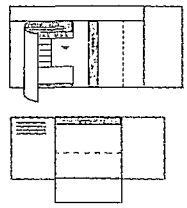
TRISTAR GAS MARKETING COMPANY
8150 N CENTRAL EXPRESSWAY
DALLAS, TX 75206

Batch #: 2202
Article #: 71106605959000131473
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8, Rev. 01/07

2. Article Number

COMPLETE THIS SECTION ON DELIVERY

7110 6605 9590 0013 1473

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:

TRISTAR GAS MARKETING COMPANY
8150 N CENTRAL EXPRESSWAY
DALLAS, TX 75206

Code: Allocation Project - D.Howell

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
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2202
Article #: 71106605959000131473
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0013 1480

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

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

TROUT LIMITED PARTNERSHIP
7500 S HWY 83
SCOTT CITY, KS 67871

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 0013 1480

TROUT LIMITED PARTNERSHIP
7500 S HWY 83
SCOTT CITY, KS 67871

Batch #: 2202
Article #: 71106605959000131480
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 1480

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:

TROUT LIMITED PARTNERSHIP
7500 S HWY 83
SCOTT CITY, KS 67871

3. Service Type ☒ Certified

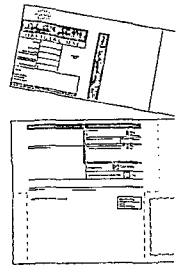
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

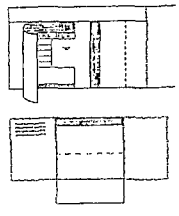
PS Form 3811

Reorder Form LCD-8[illegible] 01/07

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0013 1480

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Melba Trout ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Melba Trout | C. Date of Delivery 9-7-10

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

1. Article Addressed to:

TROUT LIMITED PARTNERSHIP
7500 S HWY 83
SCOTT CITY, KS 67871

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

Batch #: 2202
Article #: 71106605959000131480
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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s Mail Only; No Insurance Coverage Provided)
delivery information visit our website at www.usps.com

7110 6605 9590 0013 1497

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

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

TRUST UW SUE C BERGERE
PO BOX 788
SANTA FE, NM 87501

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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7110 6605 9590 0013 1497

TRUST UW SUE C BERGERE
PO BOX 788
SANTA FE, NM 87501

Batch #: 2202
Article #: 71106605959000131497
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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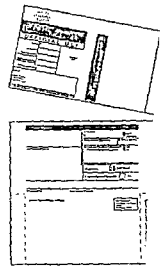
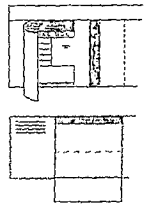


2 REMOVE LABEL, ANT RECEIPT FROM BAC PLACE LABEL AT TC ENVELOPE TO THE OF THE RETURN AD



Reorder Form LCD-811 01/07

2. Article Number

7110 6605 9590 0013 1497

1. Article Addressed to:

TRUST UW SUE C BERGERE
PO BOX 788
SANTA FE, NM 87501

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 0013 1497

1. Article Addressed to:

TRUST UW SUE C BERGERE
PO BOX 788
SANTA FE, NM 87501

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**

Batch #: 2202
Article #: 71106605959000131497
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:

3 LIFT HEF

U.S. Postal Service
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7110 6605 9590 0013 1503

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

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

TRUST UWO VIRGINIE ISHAM FBO HENRY
2510 S SAINT PAUL ST
DENVER, CO 80210-6219

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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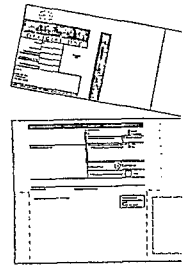
7110 6605 9590 0013 1503

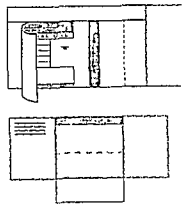
TRUST UWO VIRGINIE ISHAM FBO HENRY
2510 S SAINT PAUL ST
DENVER, CO 80210-6219

Batch #: 2202
Article #: 71106605959000131503
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8[illegible], 01/07

2. Article Number

7110 6605 9590 0013 1503

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:

TRUST UWO VIRGINIE ISHAM FBO HENRY
2510 S SAINT PAUL ST
DENVER, CO 80210-6219

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1503

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Pura Isham ☐ 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:

TRUST UWO VIRGINIE ISHAM FBO HENRY
2510 S SAINT PAUL ST
DENVER, CO 80210-6219

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131503
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0013 1510

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

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

TTB PROPERTIES LP
1805 UTAH ST
HOUSTON, TX 77007

Code: Allocation Project - D.Howell

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

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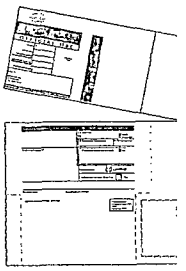
7110 6605 9590 0013 1510

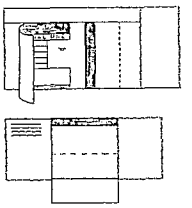
TTB PROPERTIES LP
1805 UTAH ST
HOUSTON, TX 77007

Batch #: 2202
Article #: 71106605959000131510
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8, Rev. 01/07

2. Article Number

7110 6605 9590 0013 1510

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:

TTB PROPERTIES LP
1805 UTAH ST
HOUSTON, TX 77007

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

2. Article Number

7110 6605 9590 0013 1510

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mark Perkins ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Blake Perkins C. Date of Delivery 9/10/10

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

1. Article Addressed to:

TTB PROPERTIES LP
1805 UTAH ST
HOUSTON, TX 77007

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131510
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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

7110 6605 9590 0013 1527

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

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

TUW MARY E BROWN WILL
1857 55TH AVE
ALEDO, IL 61231-8610

Code: Allocation Project - D.Howell

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

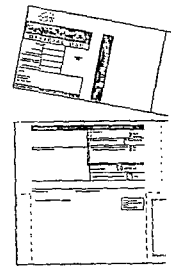
CERTIFIED MAIL™

7110 6605 9590 0013 1527

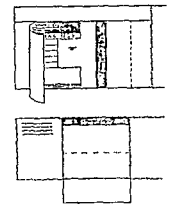
TUW MARY E BROWN WILL
1857 55TH AVE
ALEDO, IL 61231-8610

Batch #: 2202
Article #: 71106605959000131527
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK! PLACE LABEL AT TOP ENVELOPE TO THE RIC OF THE RETURN ADDF



Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0013 1527

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:

TUW MARY E BROWN WILL
1857 55TH AVE
ALEDO, IL 61231-8610

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1527

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rachel Brown ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Rachel Brown C. Date of Delivery 9-1-10

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

1. Article Addressed to:

TUW MARY E BROWN WILL
1857 55TH AVE
ALEDO, IL 61231-8610

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131527
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**