



**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
(No Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)  
 7110 6605 9590 0013 1725

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

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

**W. A. KERNAGHAN**  
**5650 CHARLESTOWN DR.**  
**DALLAS, TX 75230-1730**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



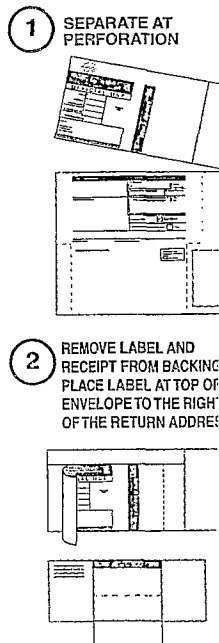
7110 6605 9590 0013 1725

**W. A. KERNAGHAN**  
**5650 CHARLESTOWN DR.**  
**DALLAS, TX 75230-1730**

Batch #: 2202  
 Article #: 71106605959000131725  
 Date/Time: 8/31/2010 1:28:47 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 1725	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
W. A. KERNAGHAN 5650 CHARLESTOWN DR. DALLAS, TX 75230-1730	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 1725	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
W. A. KERNAGHAN 5650 CHARLESTOWN DR. DALLAS, TX 75230-1730	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2202  
 Article #: 71106605959000131725  
 Date/Time: 8/31/2010 1:28:47 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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

7110 6605 9590 0013 1695

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

Delivered To: **W D KENNEDY PROPERTIES LTD**  
**500 WEST TEXAS, STE 655**  
**MIDLAND, TX 79701**

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1695

**W D KENNEDY PROPERTIES LTD**  
**500 WEST TEXAS, STE 655**  
**MIDLAND, TX 79701**

Batch #: 2202  
 Article #: 71106605959000131695  
 Date/Time: 8/31/2010 1:28:47 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

**2 - Article Number**

7110 6605 9590 0013 1695

1. Article Addressed to:

**W D KENNEDY PROPERTIES LTD**  
**500 WEST TEXAS, STE 655**  
**MIDLAND, TX 79701**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

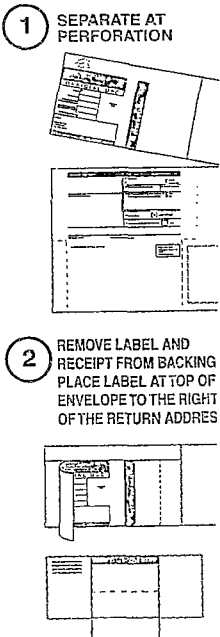
A. Signature  Agent  Addressee  
**X**

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2 - Article Number**

7110 6605 9590 0013 1695

1. Article Addressed to:

**W D KENNEDY PROPERTIES LTD**  
**500 WEST TEXAS, STE 655**  
**MIDLAND, TX 79701**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X Dawn Hernandez**

B. Received by (Printed Name) C. Date of Delivery  
**Dawn Hernandez 8/31/10**

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2202  
 Article #: 71106605959000131695  
 Date/Time: 8/31/2010 1:28:47 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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

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

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

W G PEAVY OIL COMPANY  
 C/O CHARLES D DAVID JR  
 221 WOODCREST DR  
 RICHARDSON, TX 75080-2038

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE, HOLD STRIPE  
 OF THE RETURN ADDRESS FOLD AND POSTAGE  
**CERTIFIED MAIL**

7110 6605 9590 0013 1701

W G PEAVY OIL COMPANY  
 C/O CHARLES D DAVID JR  
 221 WOODCREST DR  
 RICHARDSON, TX 75080-2038

Batch #: 2202  
 Article #: 71106605959000131701  
 Date/Time: 8/31/2010 1:28:47 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8-01/07

**2. Article Number**

7110 6605 9590 0013 1701

1. Article Addressed to:

W G PEAVY OIL COMPANY  
 C/O CHARLES D DAVID JR  
 221 WOODCREST DR  
 RICHARDSON, TX 75080-2038

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

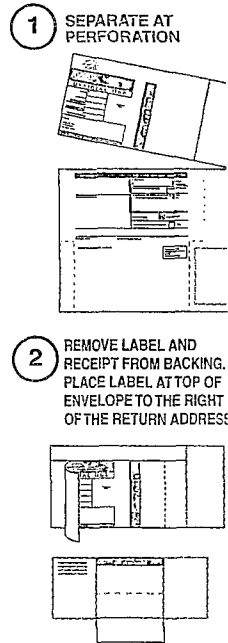
A. Signature  Agent  
 Addressee

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 1701

1. Article Addressed to:

W G PEAVY OIL COMPANY  
 C/O CHARLES D DAVID JR  
 221 WOODCREST DR  
 RICHARDSON, TX 75080-2038

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

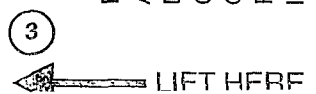
Charles D. David 9-25-10

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2202  
 Article #: 71106605959000131701  
 Date/Time: 8/31/2010 1:28:47 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





**U.S. Postal Service**  
**CERTIFIED MAIL - RECEIPT**  
(No Insurance Coverage Provided)  
 For more information visit our website at [www.usps.com](http://www.usps.com)  
 7110 6605 9590 0013 1718

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

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

**W L JENNINGS**  
**PO BOX 117**  
**ABILENE, TX 79604**

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1718

**W L JENNINGS**  
**PO BOX 117**  
**ABILENE, TX 79604**

Batch #: 2202  
 Article #: 71106605959000131718  
 Date/Time: 8/31/2010 1:28:47 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

PS Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD-8 01/07

**2. Article Number**

7110 6605 9590 0013 1718

1. Article Addressed to:

**W L JENNINGS**  
**PO BOX 117**  
**ABILENE, TX 79604**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

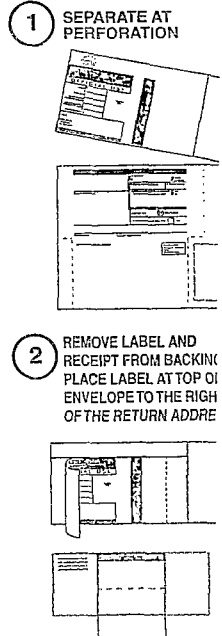
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0013 1718

1. Article Addressed to:

**W L JENNINGS**  
**PO BOX 117**  
**ABILENE, TX 79604**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*W L Jennings* **SEP 8 2010 1:28 PM**

D. Is 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 #: 71106605959000131718  
 Date/Time: 8/31/2010 1:28:47 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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

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

sent To **W.W. LAFORCE, JR.**  
**PO BOX 353**  
**MIDLAND, TX 79702**

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

Form 3809, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1732

W.W. LAFORCE, JR.  
 PO BOX 353  
 MIDLAND, TX 79702

Batch #: 2202  
 Article #: 71106605959000131732  
 Date/Time: 8/31/2010 1:28:47 PM  
 Code: Allocation Project - D.Howell  
 Code 2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8 01/07

**2. Article Number**  
 7110 6605 9590 0013 1732

1. Article Addressed to:  
 W.W. LAFORCE, JR.  
 PO BOX 353  
 MIDLAND, TX 79702

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

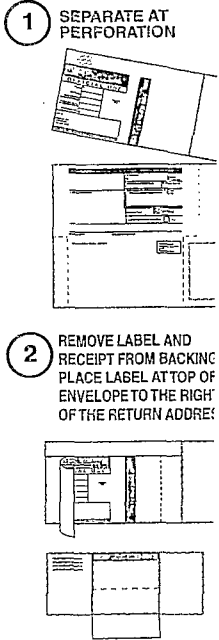
A. Signature  Agent  
 Addressee

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 1732

1. Article Addressed to:  
 W.W. LAFORCE, JR.  
 PO BOX 353  
 MIDLAND, TX 79702

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 W.W. LA FORCE JR 09/07/2010

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2202  
 Article #: 71106605959000131732  
 Date/Time: 8/31/2010 1:28:47 PM  
 Code: Allocation Project - D.Howell  
 Code 2:  
 File #:  
 Internal File #:  
 Internal Code #:





**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 1749

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

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

**WALTER K HOWARD ESTATE  
 FIRST NATIONAL BANK OLNEY  
 PO BOX 100  
 OLNEY, IL 62450-0100**

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1749

WALTER K HOWARD ESTATE  
 FIRST NATIONAL BANK OLNEY  
 PO BOX 100  
 OLNEY, IL 62450-0100

Batch #: 2202  
 Article #: 71106605959000131749  
 Date/Time: 8/31/2010 1:28:48 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800, August 2005 (See reverse for instructions)

Reorder Form LCD-8101/07

**2. Article Number**

7110 6605 9590 0013 1749

1. Article Addressed to:

WALTER K HOWARD ESTATE  
 FIRST NATIONAL BANK OLNEY  
 PO BOX 100  
 OLNEY, IL 62450-0100

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

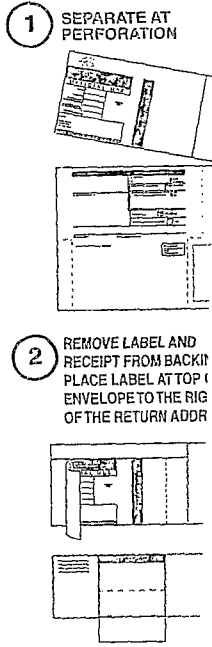
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0013 1749

1. Article Addressed to:

WALTER K HOWARD ESTATE  
 FIRST NATIONAL BANK OLNEY  
 PO BOX 100  
 OLNEY, IL 62450-0100

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 WALTER K HOWARD ESTATE 9-7-10

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2202  
 Article #: 71106605959000131749  
 Date/Time: 8/31/2010 1:28:48 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Certified Mail Only, No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

7110 6605 9590 0013 1756

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

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

**WALTER R & FLORENCE L GIBSON TRUST**  
 2421 FREMONT BLVD  
 FLAGSTAFF, AZ 86001

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1756

**WALTER R & FLORENCE L GIBSON TRUST**  
 2421 FREMONT BLVD  
 FLAGSTAFF, AZ 86001

Batch #: 2202  
 Article #: 71106605959000131756  
 Date/Time: 8/31/2010 1:28:48 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

**2. Article Number**

7110 6605 9590 0013 1756

1. Article Addressed to:

**WALTER R & FLORENCE L GIBSON TRUST**  
 2421 FREMONT BLVD  
 FLAGSTAFF, AZ 86001

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

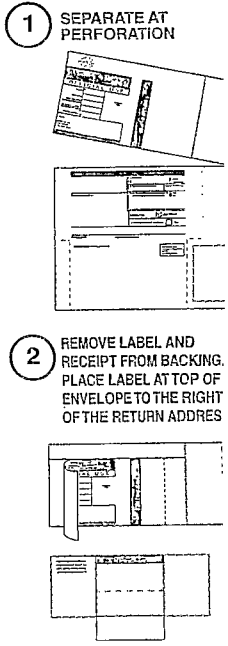
B. Received by (Printed Name)

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



Reorder Form LCD-81 01/07

**2. Article Number**

7110 6605 9590 0013 1756

1. Article Addressed to:

**WALTER R & FLORENCE L GIBSON TRUST**  
 2421 FREMONT BLVD  
 FLAGSTAFF, AZ 86001

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery 9/1

D. Is 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 #: 71106605959000131756  
 Date/Time: 8/31/2010 1:28:48 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 7110 6605 9590 0013 3194	Postmark Here
Certified Fee	\$0.44	
Return Receipt Fee (Endorsement Required)	\$2.80	
Restricted Delivery Fee (Endorsement Required)	\$2.30	
Total Postage & Fees	\$ 0.00	

ent To **\$5.54**  
**WANDA H APODACA TR DTD 07/10/07**  
**PO BOX 534**  
 LAFAYETTE, CO 80026

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 3194  
 WANDA H APODACA TR DTD 07/10/07  
 PO BOX 534  
 LAFAYETTE, CO 80026

Batch #: 2269  
 Article #: 71106605959000133194  
 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 3194

1. Article Addressed to:  
 WANDA H APODACA TR DTD 07/10/07  
 PO BOX 534  
 LAFAYETTE, CO 80026

**COMPLETE THIS SECTION ON DELIVERY**

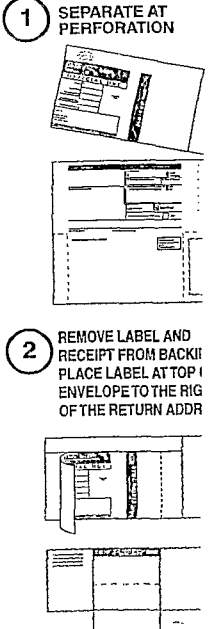
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**  
7110 6605 9590 0013 3194

1. Article Addressed to:  
 WANDA H APODACA TR DTD 07/10/07  
 PO BOX 534  
 LAFAYETTE, CO 80026

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X** *Wanda Apodaca*  Addressee

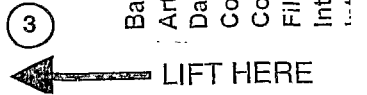
B. Received by (Printed Name) C. Date of Delivery  
*Wanda Apodaca*

D. Is 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 #: 71106605959000133194  
 Date/Time: 9/14/2010 2:59:27 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:







**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Certified Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com  
 7110 6605 9590 0013 1763

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.15</b>	

ent To **WASATCH ENERGY LLC**  
**PO BOX 699**  
**FARMINGTON, UT 84025**

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

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1763

WASATCH ENERGY LLC  
 PO BOX 699  
 FARMINGTON, UT 84025

Batch #: 2202  
 Article #: 71106605959000131763  
 Date/Time: 8/31/2010 1:28:48 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800, August 2008, See Reverse for Instructions

**2. Article Number**  
 7110 6605 9590 0013 1763

1. Article Addressed to:  
**WASATCH ENERGY LLC**  
**PO BOX 699**  
**FARMINGTON, UT 84025**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

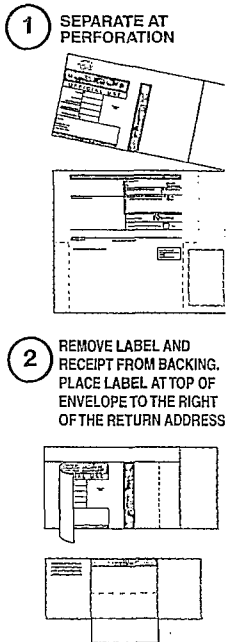
A. Signature  Agent  Addressee  
**X**

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



Reorder Form LCD-81 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  
 SJBUConocoPhillips  
 P.O. Box 4289  
 Farmington, NM 87499

Batch #: 2202  
 Article #: 71106605959000131763  
 Date/Time: 8/31/2010 1:28:48 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:



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

For more information, visit our website at [www.usps.com](http://www.usps.com)

7110 6605 9590 0013 1770

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.15</b>	

Code: Allocation Project - D.Howell

Recipient To:  
WATERS S DAVIS III  
C/O TRUST MIN SEC 1049308  
P O BOX 99084  
FORT WORTH, TX 76199-0084

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

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 1770

WATERS S DAVIS III  
C/O TRUST MIN SEC 1049308  
P O BOX 99084  
FORT WORTH, TX 76199-0084

Batch #: 2202  
 Article #: 711066059590000131770  
 Date/Time: 8/31/2010 1:28:48 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

**2 Article Number**

7110 6605 9590 0013 1770

1. Article Addressed to:

WATERS S DAVIS III  
C/O TRUST MIN SEC 1049308  
P O BOX 99084  
FORT WORTH, TX 76199-0084

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

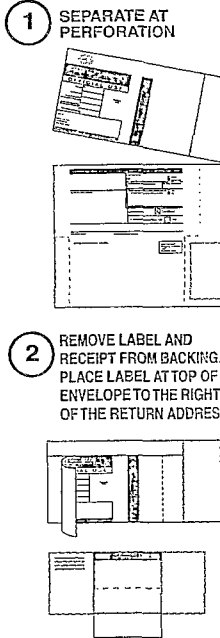
A. Signature  Agent  Addressee  
**X**

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2 Article Number**

7110 6605 9590 0013 1770

1. Article Addressed to:

WATERS S DAVIS III  
C/O TRUST MIN SEC 1049308  
P O BOX 99084  
FORT WORTH, TX 76199-0084

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

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

D. Is 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 #: 711066059590000131770  
 Date/Time: 8/31/2010 1:28:48 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:



Reorder Form LCD-8 Rev. 01/07



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

7110 6605 9590 0013 1787

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

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

**WAYNE & JO ANNE MOORE CHARITABLE FD**  
 403 N MARIENFELD  
 MIDLAND, TX 79701

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLEASE TICKET AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE  
**CERTIFIED MAIL**

7110 6605 9590 0013 1787

**WAYNE & JO ANNE MOORE CHARITABLE FD**  
 403 N MARIENFELD  
 MIDLAND, TX 79701

Batch #: 2202  
 Article #: 71106605959000131787  
 Date/Time: 8/31/2010 1:28:48 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Recorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 1787

1. Article Addressed to:

**WAYNE & JO ANNE MOORE CHARITABLE FD**  
 403 N MARIENFELD  
 MIDLAND, TX 79701

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

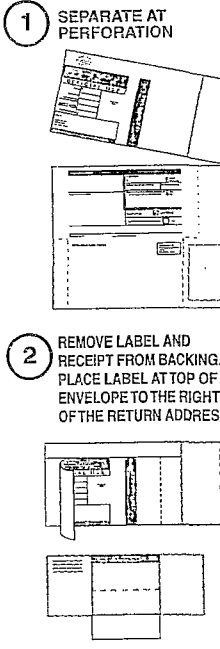
A. Signature  Agent  Addressee  
**X**

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0013 1787

1. Article Addressed to:

**WAYNE & JO ANNE MOORE CHARITABLE FD**  
 403 N MARIENFELD  
 MIDLAND, TX 79701

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X** *Peggy Packin*

B. Received by (Printed Name) C. Date of Delivery  
*Peggy Packin L* 9-7-10

D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No  
 9-7-10

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2202  
 Article #: 71106605959000131787  
 Date/Time: 8/31/2010 1:28:48 PM  
 Code: Allocation Project - D.Howell  
 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](http://www.usps.com)

7110 6605 9590 0013 4061

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

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

WCB INVESTMENTS LLC NM LLC  
 C/O REYNOLDS HIX & CO PA  
 6729 ACADEMY RD NE STE D  
 ALBUQUERQUE, NM 87109

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 4061

WCB INVESTMENTS LLC NM LLC  
 C/O REYNOLDS HIX & CO PA  
 6729 ACADEMY RD NE STE D  
 ALBUQUERQUE, NM 87109

Batch #: 2273  
 Article #: 71106605959000134061  
 Date/Time: 9/14/2010 3:35:39 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

**2. Article Number**

7110 6605 9590 0013 4061

1. Article Addressed to:

WCB INVESTMENTS LLC NM LLC  
 C/O REYNOLDS HIX & CO PA  
 6729 ACADEMY RD NE STE D  
 ALBUQUERQUE, NM 87109

**COMPLETE THIS SECTION ON DELIVERY**

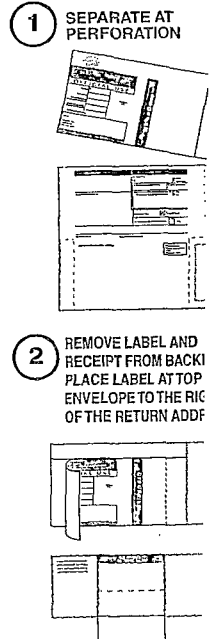
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



PS

**2. Article Number**

7110 6605 9590 0013 4061

1. Article Addressed to:

WCB INVESTMENTS LLC NM LLC  
 C/O REYNOLDS HIX & CO PA  
 6729 ACADEMY RD NE STE D  
 ALBUQUERQUE, NM 87109

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*Cheryl Good*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Cheryl Good* *9/14/10*

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 #: 71106605959000134061  
 Date/Time: 9/14/2010 3:35:39 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:



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

7110 6605 9590 0013 1794

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

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

**WENDY DALE JOHNSON**  
**PO BOX 627**  
**DICKINSON, TX 77539**

Form 3800, August 2005. See Reverse for Instructions.

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1794

**WENDY DALE JOHNSON**  
**PO BOX 627**  
**DICKINSON, TX 77539**

Batch #: 2202  
 Article #: 71106605959000131794  
 Date/Time: 8/31/2010 1:28:48 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8 v. 01/07

**2. Article Number**

7110 6605 9590 0013 1794

1. Article Addressed to:

**WENDY DALE JOHNSON**  
**PO BOX 627**  
**DICKINSON, TX 77539**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

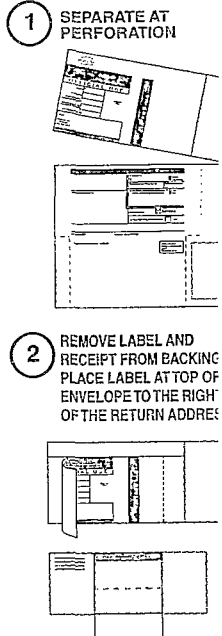
A. Signature  Agent  Addressee  
**X**

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0013 1794

1. Article Addressed to:

**WENDY DALE JOHNSON**  
**PO BOX 627**  
**DICKINSON, TX 77539**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X**

B. Received by (Printed Name) C. Date of Delivery  
 SEP 13 2010

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2202  
 Article #: 71106605959000131794  
 Date/Time: 8/31/2010 1:28:48 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(First-Class Mail Only; No Insurance Coverage Provided)  
 Delivery information visit our website at www.usps.com

7110 6605 9590 0013 4078

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

Send To  
**WESLEY E LECK**  
**411 N WALNUT ST**  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, Zip+4  
**CLEBURNE, TX 76031**

PS Form 3800, August 2006 See Reverse for Instructions

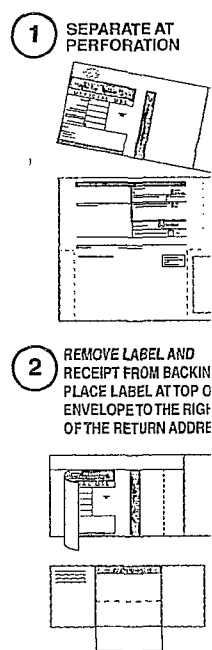
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
 OF THE RETURN ADDRESS FOLDED DOTTED LINE  
**CERTIFIED MAIL™**

7110 6605 9590 0013 4078

**WESLEY E LECK**  
**411 N WALNUT ST**  
**CLEBURNE, TX 76031**

Batch #: 2273  
 Article #: 71106605959000134078  
 Date/Time: 9/14/2010 3:35:39 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 4078	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  <b>WESLEY E LECK</b> <b>411 N WALNUT ST</b>  <b>CLEBURNE, TX 76031</b>	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> <b>Certified</b>	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> 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 #: 2273  
 Article #: 71106605959000134078  
 Date/Time: 9/14/2010 3:35:39 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

**3** **LIFT HERE**

Reorder Form LCD rev. 01/07



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

7110 6605 9590 0013 1800

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

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

**WESLEY T HOUSE TESTAMENTARY TRUST F**  
**PO BOX 5383**  
**DENVER, CO 80217**

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1800

**WESLEY T HOUSE TESTAMENTARY TRUST F**  
**PO BOX 5383**  
**DENVER, CO 80217**

Batch #: 2202  
 Article #: 71106605959000131800  
 Date/Time: 8/31/2010 1:28:48 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800, August 2005. See Reverse for Instructions.

**2 Article Number**

7110 6605 9590 0013 1800

1. Article Addressed to:

**WESLEY T HOUSE TESTAMENTARY TRUST F**  
**PO BOX 5383**  
**DENVER, CO 80217**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

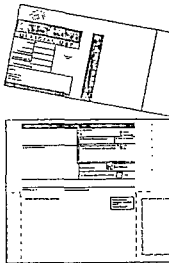
B. Received by (Printed Name) C. Date of Delivery

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

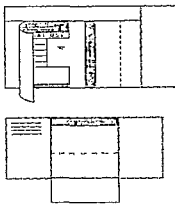
3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

PS Form 3811

**2 Article Number**

7110 6605 9590 0013 1800

1. Article Addressed to:

**WESLEY T HOUSE TESTAMENTARY TRUST F**  
**PO BOX 5383**  
**DENVER, CO 80217**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2202  
 Article #: 71106605959000131800  
 Date/Time: 8/31/2010 1:28:48 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3





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

7110 6605 9590 0013 1817

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

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

**WESLEY WEST MINERALS LTD  
 C/O FROST NTL BNK LCKBX DEPT  
 PO BOX 1141  
 HOUSTON, TX 77251-1141**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1817

**WESLEY WEST MINERALS LTD  
 C/O FROST NTL BNK LCKBX DEPT  
 PO BOX 1141  
 HOUSTON, TX 77251-1141**

Batch #: 2202  
 Article #: 71106605959000131817  
 Date/Time: 8/31/2010 1:28:48 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 1817

1. Article Addressed to:

**WESLEY WEST MINERALS LTD  
 C/O FROST NTL BNK LCKBX DEPT  
 PO BOX 1141  
 HOUSTON, TX 77251-1141**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

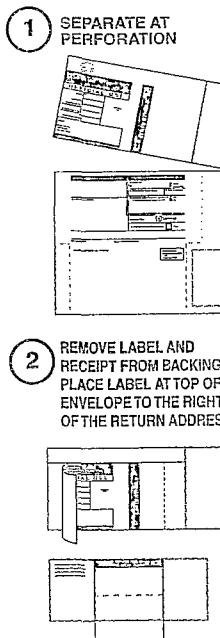
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0013 1817

1. Article Addressed to:

**WESLEY WEST MINERALS LTD  
 C/O FROST NTL BNK LCKBX DEPT  
 PO BOX 1141  
 HOUSTON, TX 77251-1141**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

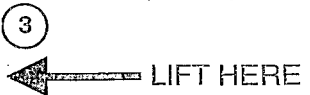
B. Received by (Printed Name) C. Date of Delivery  
 SEP 07 2010

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2202  
 Article #: 71106605959000131817  
 Date/Time: 8/31/2010 1:28:48 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:







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

7110 6605 9590 0013 1824

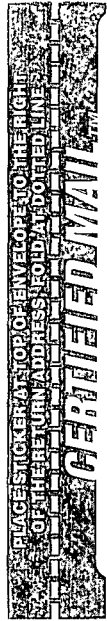
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

ent To  
 WESTMEATH CORP  
 P O BOX 711  
 FARMINGTON, NM 87499-0711

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1824

WESTMEATH CORP  
P O BOX 711  
FARMINGTON, NM 87499-0711

Batch #: 2202  
 Article #: 71106605959000131824  
 Date/Time: 8/31/2010 1:28:48 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 1824

1. Article Addressed to:

WESTMEATH CORP  
P O BOX 711  
FARMINGTON, NM 87499-0711

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

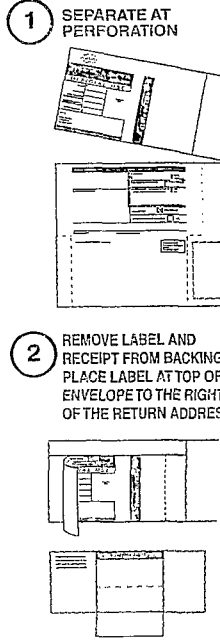
A. Signature  Agent  Addressee  
**X**

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0013 1824

1. Article Addressed to:

WESTMEATH CORP  
P O BOX 711  
FARMINGTON, NM 87499-0711

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

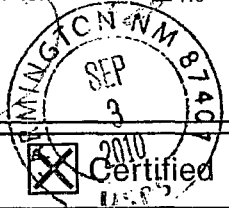
A. Signature  Agent  Addressee  
**X** *EAL/SS*

B. Received by (Printed Name) C. Date of Delivery  
*PROBEN 711*

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

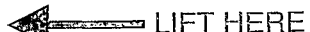
3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



3

Batch #: 2202  
 Article #: 71106605959000131824  
 Date/Time: 8/31/2010 1:28:48 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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

7110 6605 9590 0013 1831

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

Postmark  
Here

Code: Allocation Project - D.Howell

sent To **WHITE CREDIT TRUST AUG 24 2006**  
**C/O BROWN ADVISORY**  
**7475 WISCONSIN AVE STE 800**  
**BETHESDA, MD 20814**

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

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 1831

WHITE CREDIT TRUST AUG 24 2006  
 C/O BROWN ADVISORY  
 7475 WISCONSIN AVE STE 800  
 BETHESDA, MD 20814

Batch #: 2202  
 Article #: 71106605959000131831  
 Date/Time: 8/31/2010 1:28:48 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 1831

1. Article Addressed to:

**WHITE CREDIT TRUST AUG 24 2006**  
**C/O BROWN ADVISORY**  
**7475 WISCONSIN AVE STE 800**  
**BETHESDA, MD 20814**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

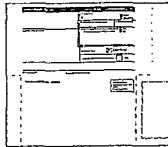
B. Received by (Printed Name) C. Date of Delivery

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

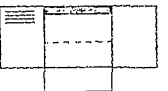
3. Service Type  **Certified**

4. Restricted Delivery? (Extra Fee)  Yes

1 SEPARATE AT PERFORATION



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



**2. Article Number**

7110 6605 9590 0013 1831

1. Article Addressed to:

**WHITE CREDIT TRUST AUG 24 2006**  
**C/O BROWN ADVISORY**  
**7475 WISCONSIN AVE STE 800**  
**BETHESDA, MD 20814**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X Karen LaRosa**  Addressee

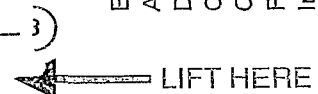
B. Received by (Printed Name) C. Date of Delivery

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 #: 71106605959000131831  
 Date/Time: 8/31/2010 1:28:48 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





**U.S. Postal Service**  
**CERTIFIED MAIL - RECEIPT**  
(U.S. Mail Only, No Insurance Coverage Provided)  
 For information visit our website at [www.usps.com](http://www.usps.com)

7110 6605 9590 0013 1848

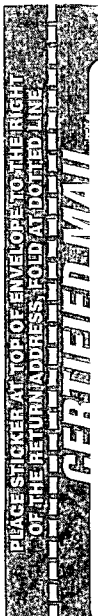
Postage	\$		Postmark Here
Certified Fee	\$1.05		
Return Receipt Fee (endorsement Required)	\$2.80		
Restricted Delivery Fee (endorsement Required)	\$2.30		
Total Postage & Fees	\$	\$6.15	

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

**WHITE RIVER ROYALTIES LLC**  
**4194 SOUTH VALENTIA STREET**  
**DENVER, CO 80237-1746**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1848

**WHITE RIVER ROYALTIES LLC**  
**4194 SOUTH VALENTIA STREET**  
**DENVER, CO 80237-1746**

Batch #: 2202  
 Article #: 71106605959000131848  
 Date/Time: 8/31/2010 1:28:48 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 1848

1. Article Addressed to:

**WHITE RIVER ROYALTIES LLC**  
**4194 SOUTH VALENTIA STREET**  
**DENVER, CO 80237-1746**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

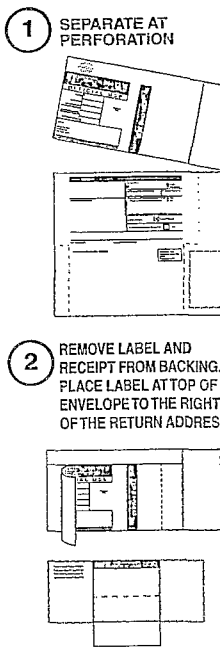
A. Signature  Agent  Addressee  
**X**

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0013 1848

1. Article Addressed to:

**WHITE RIVER ROYALTIES LLC**  
**4194 SOUTH VALENTIA STREET**  
**DENVER, CO 80237-1746**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

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

B. Received by (Printed Name) C. Date of Delivery  
*[Signature]* 9/1/10

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

3

Batch #: 2202  
 Article #: 71106605959000131848  
 Date/Time: 8/31/2010 1:28:48 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:



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

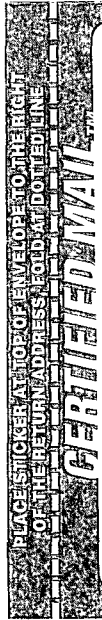
7110 6605 9590 0013 1855

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

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

**WHITE STAR ENERGY INC**  
**P. O. BOX 51108**  
**MIDLAND, TX 79710**

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1855

**WHITE STAR ENERGY INC**  
**P. O. BOX 51108**  
**MIDLAND, TX 79710**

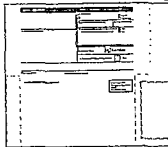
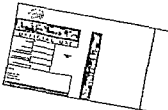
Batch #: 2202  
 Article #: 71106605959000131855  
 Date/Time: 8/31/2010 1:28:48 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

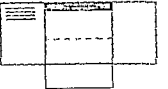
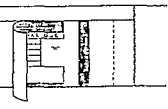
Reorder Form LCD-8-01/07

<b>2 Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 1855	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
WHITE STAR ENERGY INC P. O. BOX 51108 MIDLAND, TX 79710		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION



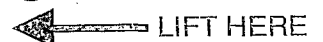
2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



<b>2 Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 1855	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
WHITE STAR ENERGY INC P. O. BOX 51108 MIDLAND, TX 79710		9/7/10
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		

3

Batch #: 2202  
 Article #: 71106605959000131855  
 Date/Time: 8/31/2010 1:28:48 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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

7110 6605 9590 0013 1862

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

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

**WHITNEY CLAIRE RILEY**  
1712 W MAIN , APT 6  
HOUSTON, TX 77098-3636

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1862

WHITNEY CLAIRE RILEY  
1712 W MAIN , APT 6  
HOUSTON, TX 77098-3636

Batch #: 2202  
Article #: 71106605959000131862  
Date/Time: 8/31/2010 1:28:48 PM  
Code: Allocation Project - D.Howell  
Code2:  
File #:  
Internal File #:  
Internal Code #:

2. Article Number

7110 6605 9590 0013 1862

1. Article Addressed to:

**WHITNEY CLAIRE RILEY**  
1712 W MAIN , APT 6  
HOUSTON, TX 77098-3636

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X**

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

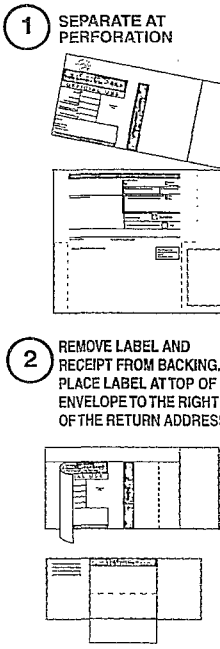
UNITED STATES POSTAL SERVICE



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

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

Batch #: 2202  
Article #: 71106605959000131862  
Date/Time: 8/31/2010 1:28:48 PM  
Code: Allocation Project - D.Howell  
Code2:  
File #:  
Internal File #:  
Internal Code #:



3  
LIFT HERE

Reorder Form LCD-8 Rev. 01/07



**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
(First-Class Mail Only; No Insurance Coverage Provided)  
 For more information, visit our website at [www.usps.com](http://www.usps.com)

7110 6605 9590 0013 3217		
Postage		Postmark Here
Certified Fee	\$0.44	
Return Receipt Fee (Endorsement Required)	\$2.80	
Restricted Delivery Fee (Endorsement Required)	\$2.30	
Total Postage & Fees	\$0.00	

Postage \$5.54

Return to  
**WILFRED REEVES JOHNSON**  
**PO BOX 7507**  
**THE WOODLANDS, TX 77387**

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

PS Form 3800, August 2005 See Reverse for Instructions

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

7110 6605 9590 0013 3217

WILFRED REEVES JOHNSON  
 PO BOX 7507  
 THE WOODLANDS, TX 77387

Batch #: 2269  
 Article #: 71106605959000133217  
 Date/Time: 9/14/2010 2:59:27 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

**2. Article Number**

7110 6605 9590 0013 3217

1. Article Addressed to:

**WILFRED REEVES JOHNSON**  
**PO BOX 7507**  
**THE WOODLANDS, TX 77387**

**COMPLETE THIS SECTION ON DELIVERY**

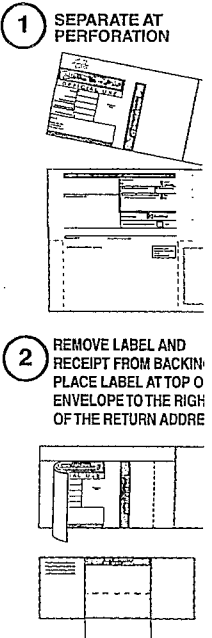
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

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

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

3

Batch #: 2269  
 Article #: 71106605959000133217  
 Date/Time: 9/14/2010 2:59:27 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

LIFT HERE

Reorder Form LCD-1 rev. 01/07



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

7110 6605 9590 0013 3729

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

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

**WILFRED REEVES JOHNSON**  
**PO BOX 7507**  
**THE WOODLANDS, TX 77387**

PS Form 3811, 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 3729

**WILFRED REEVES JOHNSON**  
**PO BOX 7507**  
**THE WOODLANDS, TX 77387**

Batch #: 2272  
 Article #: 71106605959000133729  
 Date/Time: 9/14/2010 3:26:44 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

**2. Article Number**

7110 6605 9590 0013 3729

1. Article Addressed to:

**WILFRED REEVES JOHNSON**  
**PO BOX 7507**  
**THE WOODLANDS, TX 77387**

**COMPLETE THIS SECTION ON DELIVERY**

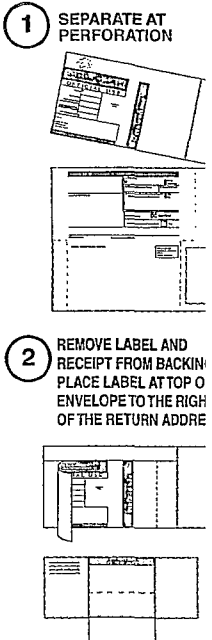
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  **Certified**

4. Restricted Delivery? (Extra Fee)  Yes



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 #: 2272  
 Article #: 71106605959000133729  
 Date/Time: 9/14/2010 3:26:44 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

**3**  
 ← **LIFT HERE**

Reorder Form LCD- rev. 01/07



7110 6605 9590 0013 1954

0006557587 SEP01 2010  
MAILED FROM ZIP CODE 87402

**UNCLAIMED**

**UNCLAIMED**

WILLIAM D NORDHAUS  
610 RBC DAIN RAUSCHER  
6301 UPTOWN BLVD NE STE 400  
ALBUQUERQUE, NM 87410

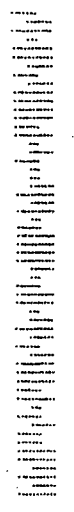
LP  
9-10-10

forward to: 445 humphrey st  
new haven ct 06511-3710

1st NOTICE \_\_\_\_\_  
2nd NOTICE \_\_\_\_\_  
RETURNED \_\_\_\_\_

remailed 9/30/10

9/25







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

7110 6605 9590 0013 1954

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

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

**WILLIAM D NORDHAUS  
 C/O RBC DAIN RAUSCHER  
 6301 UPTOWN BLVD NE STE 100  
 ALBUQUERQUE, NM 87110**

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1954

**WILLIAM D NORDHAUS  
 C/O RBC DAIN RAUSCHER  
 6301 UPTOWN BLVD NE STE 100  
 ALBUQUERQUE, NM 87110**

Batch #: 2206  
 Article #: 71106605959000131954  
 Date/Time: 8/31/2010 1:36:07 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

**2. Article Number**

7110 6605 9590 0013 1954

1. Article Addressed to:

**WILLIAM D NORDHAUS  
 C/O RBC DAIN RAUSCHER  
 6301 UPTOWN BLVD NE STE 100  
 ALBUQUERQUE, NM 87110**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

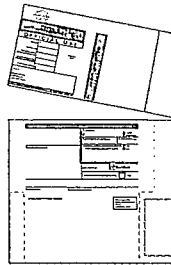
B. Received by (Printed Name) C. Date of Delivery

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

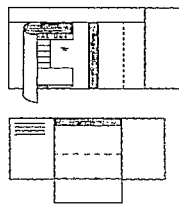
3. Service Type  **Certified**

4. Restricted Delivery? (Extra Fee)  Yes

**1** SEPARATE AT PERFORATION



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



Reorder Form LCD-8 v. 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 #: 2206  
 Article #: 71106605959000131954  
 Date/Time: 8/31/2010 1:36:07 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

**3** **LIFT HERE**



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

7110 6605 9590 0013 1961

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

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

**WILLIAM D RAWSON**  
**PO BOX 130443**  
**HOUSTON, TX 77219-0443**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1961

**WILLIAM D RAWSON**  
**PO BOX 130443**  
**HOUSTON, TX 77219-0443**

Batch #: 2206  
 Article #: 71106605959000131961  
 Date/Time: 8/31/2010 1:36:07 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

**2. Article Number**

7110 6605 9590 0013 1961

**1. Article Addressed to:**

**WILLIAM D RAWSON**  
**PO BOX 130443**  
**HOUSTON, TX 77219-0443**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

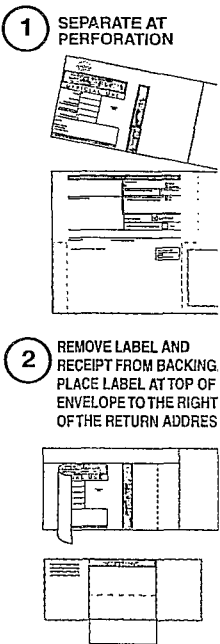
A. Signature  Agent  
 Addressee

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



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 #: 2206  
 Article #: 71106605959000131961  
 Date/Time: 8/31/2010 1:36:07 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-01/07



**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(If Mail Only, No Insurance Coverage Provided)*  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

7110 6605 9590 0013 2005

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

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

**WILLIAM HOFFMAN**  
**C/O BANK OF OKLAHOMA NA AGENT**  
**PO BOX 1588**  
**TULSA, OK 74101**

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2005

**WILLIAM HOFFMAN**  
**C/O BANK OF OKLAHOMA NA AGENT**  
**PO BOX 1588**  
**TULSA, OK 74101**

Batch #: 2206  
 Article #: 71106605959000132005  
 Date/Time: 8/31/2010 1:36:08 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

**2. Article Number**

7110 6605 9590 0013 2005

1. Article Addressed to:

**WILLIAM HOFFMAN**  
**C/O BANK OF OKLAHOMA NA AGENT**  
**PO BOX 1588**  
**TULSA, OK 74101**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

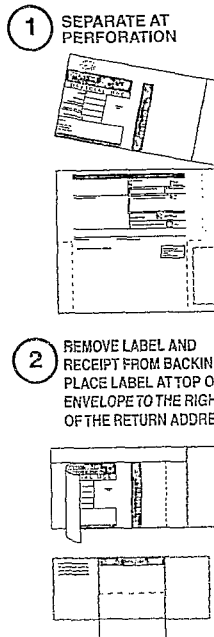
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



Reorder Form LCD-81010107

**2. Article Number**

7110 6605 9590 0013 2005

1. Article Addressed to:

**WILLIAM HOFFMAN**  
**C/O BANK OF OKLAHOMA NA AGENT**  
**PO BOX 1588**  
**TULSA, OK 74101**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

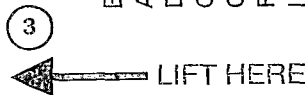
B. Received by (Printed Name) C. Date of Delivery

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

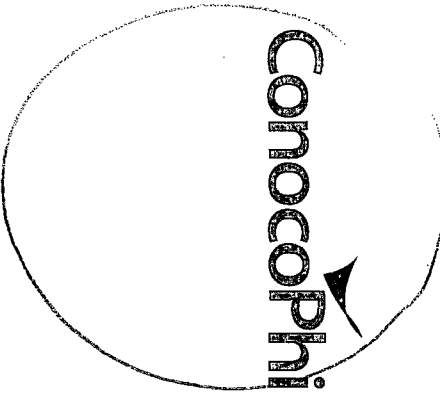
3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2206  
 Article #: 71106605959000132005  
 Date/Time: 8/31/2010 1:36:08 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:



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



Conocophillips

7110 6605 9590 0013 4085

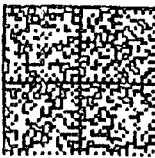
*Remailed  
10/4/10  
AN*

*FWD*



WILLIAM IRVIN LAYLAND  
33957 E SMOKETREE LN  
PARKER, AZ 85344

*Returned  
10/21/10  
Delivered by Express*



UNITED STATES  
02 1R  
0006557  
MAILED F



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

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
7110 6605 9590 0013 4085

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

Send To  
**WILLIAM IRVIN LAYLAND**  
**33957 E SMOKETREE LN**  
 Parker, Apt. No.,  
 or PO Box No.  
 City, State, Zip+4  
**PARKER, AZ 85344**

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 4085

WILLIAM IRVIN LAYLAND  
33957 E SMOKETREE LN  
PARKER, AZ 85344

Batch #: 2273  
 Article #: 71106605959000134085  
 Date/Time: 9/14/2010 3:35:39 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

**2. Article Number**  
 7110 6605 9590 0013 4085

1. Article Addressed to:  
**WILLIAM IRVIN LAYLAND**  
**33957 E SMOKETREE LN**  
**PARKER, AZ 85344**

**COMPLETE THIS SECTION ON DELIVERY**

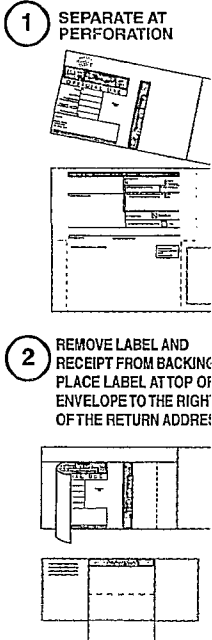
A. Signature  Agent  
 Addressee

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



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 #: 2273  
 Article #: 71106605959000134085  
 Date/Time: 9/14/2010 3:35:39 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3  
 LIFT HERE

Reorder Form LCD rev. 01/07



**U.S. Postal Service**  
**CERTIFIED MAIL - RECEIPT**  
*(Certified Mail Only, No Insurance Coverage Provided)*  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

7110 6605 9590 0013 2012

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

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

**WILLIAM J HINES III**  
**PO BOX 873402**  
**WASILLA, AK 99687**

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2012

WILLIAM J HINES III  
PO BOX 873402  
WASILLA, AK 99687

Batch #: 2206  
 Article #: 71106605959000132012  
 Date/Time: 8/31/2010 1:36:08 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

**2 Article Number**

7110 6605 9590 0013 2012

1. Article Addressed to:

WILLIAM J HINES III  
PO BOX 873402  
WASILLA, AK 99687

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

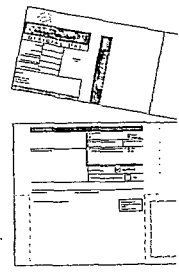
B. Received by (Printed Name) C. Date of Delivery

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

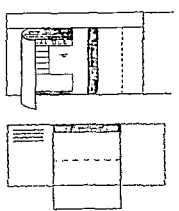
3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811-01/07

**2 Article Number**

7110 6605 9590 0013 2012

1. Article Addressed to:

WILLIAM J HINES III  
PO BOX 873402  
WASILLA, AK 99687

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Wm J Hines III 9-13-10

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2206  
 Article #: 71106605959000132012  
 Date/Time: 8/31/2010 1:36:08 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3  
← LIFT HERE



**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Certified Mail Only, No Insurance Coverage Provided)

7110 6605 9590 0013 2029

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

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

**WILLIAM LOUIS DAVANT**  
**PO BOX 214**  
**BLESSING, TX 77419**

Form 3800, August 2006 Edition. See Reverse for Instructions.

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2029

**WILLIAM LOUIS DAVANT**  
**PO BOX 214**  
**BLESSING, TX 77419**

Batch #: 2206  
 Article #: 71106605959000132029  
 Date/Time: 8/31/2010 1:36:08 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

2. Article Number

7110 6605 9590 0013 2029

1. Article Addressed to:

**WILLIAM LOUIS DAVANT**  
**PO BOX 214**  
**BLESSING, TX 77419**

**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  No  
 If YES enter delivery address below:

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

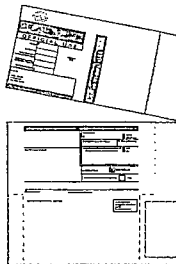


First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

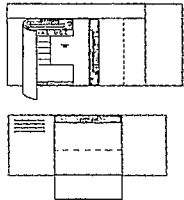
**Lisa Hunter, Land Department**  
**SJBU ConocoPhillips**  
**P.O. Box 4289**  
**Farmington, NM 87499**

Batch #: 2206  
 Article #: 71106605959000132029  
 Date/Time: 8/31/2010 1:36:08 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



3 LIFT HERE



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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

7110 6605 9590 0013 4092

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

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

**WILLIAM MICHAEL MYATT**  
**3610 FARM LAND CT**  
**GRANBURY, TX 76048**

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 4092

**WILLIAM MICHAEL MYATT**  
**3610 FARM LAND CT**  
**GRANBURY, TX 76048**

Batch #: 2273  
 Article #: 71106605959000134092  
 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 4092

1. Article Addressed to:

**WILLIAM MICHAEL MYATT**  
**3610 FARM LAND CT**  
**GRANBURY, TX 76048**

**COMPLETE THIS SECTION ON DELIVERY**

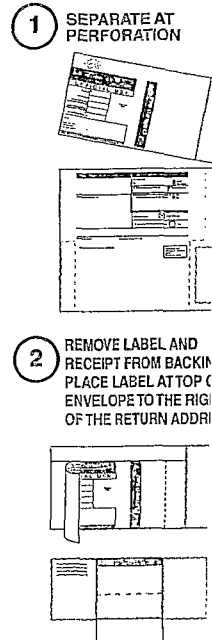
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0013 4092

1. Article Addressed to:

**WILLIAM MICHAEL MYATT**  
**3610 FARM LAND CT**  
**GRANBURY, TX 76048**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2273  
 Article #: 71106605959000134092  
 Date/Time: 9/14/2010 3:35:39 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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

7110 6605 9590 0013 2036

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

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

**WILLIAM P RABB TESTAMENTARY TRUST**  
PO BOX 99084  
FORT WORTH, TX 76199-0084

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



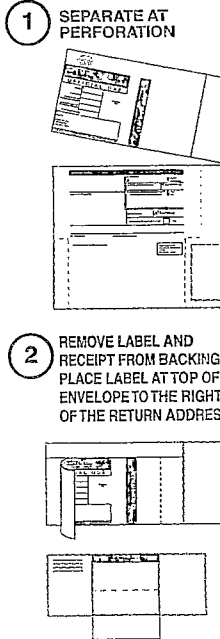
7110 6605 9590 0013 2036

WILLIAM P RABB TESTAMENTARY TRUST  
PO BOX 99084  
FORT WORTH, TX 76199-0084

Batch #: 2206  
Article #: 71106605959000132036  
Date/Time: 8/31/2010 1:36:08 PM  
Code: Allocation Project - D.Howell  
Code2:  
File #:  
Internal File #:  
Internal Code #:

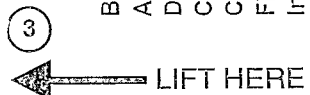
Reorder Form LCD-8 v. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 2036	A. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
WILLIAM P RABB TESTAMENTARY TRUST PO BOX 99084 FORT WORTH, TX 76199-0084	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 2036	A. Signature <b>X</b> <i>[Signature]</i>	<input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery SEP 2 2010
WILLIAM P RABB TESTAMENTARY TRUST PO BOX 99084 FORT WORTH, TX 76199-0084	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Batch #: 2206  
Article #: 71106605959000132036  
Date/Time: 8/31/2010 1:36:08 PM  
Code: Allocation Project - D.Howell  
Code2:  
File #:  
Internal File #:  
Internal Code #:





U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
No Mail (9/11), No Insurance, Coverage Provided  
For information, visit our website at www.usps.com

7110 6605 9590 0013 2043

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

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

**WILLIAM P SUTTER REVOCABLE TRUST**  
 312 BRIDLE PATH CIRCLE  
 OAK BROOK, IL 60523

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2043

WILLIAM P SUTTER REVOCABLE TRUST  
312 BRIDLE PATH CIRCLE  
OAK BROOK, IL 60523

Batch #: 2206  
 Article #: 71106605959000132043  
 Date/Time: 8/31/2010 1:36:08 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800, August 2009 See Reverse for Instructions

Reorder Form LCD-8 01/07

**2 Article Number**

7110 6605 9590 0013 2043

1. Article Addressed to:

**WILLIAM P SUTTER REVOCABLE TRUST**  
 312 BRIDLE PATH CIRCLE  
 OAK BROOK, IL 60523

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

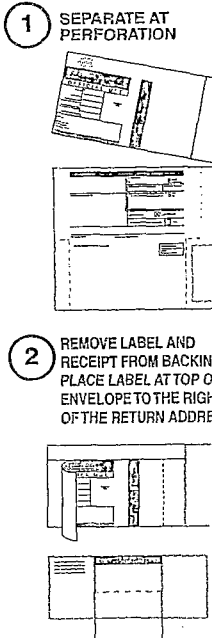
A. Signature  Agent  
 Addressee

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 2043

1. Article Addressed to:

**WILLIAM P SUTTER REVOCABLE TRUST**  
 312 BRIDLE PATH CIRCLE  
 OAK BROOK, IL 60523

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

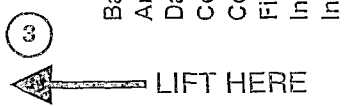
B. Received by (Printed Name) C. Date of Delivery

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 #: 2206  
 Article #: 71106605959000132043  
 Date/Time: 8/31/2010 1:36:08 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:



San Juan Building Unit  
PO Box 4286  
Farmington NM 87499-4289

# Conocophips



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

7110 6605 9590 0013 2050

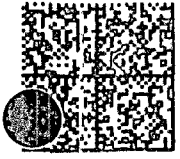
*W*

WILLIAM R ARCHER JR 2003 GRANTOR TR  
3021 NORTH EDISON ST  
ARLINGTON, VA 22204

*9/18/10*  
*9/18/10*  
*9/27/10*

- Not Deliverable
- Unable To Forward
- Insufficiently Addressed
- Mailed
- Attempted - Refused
- No Such Street
- Vacant
- No Mail Receptacle
- Box Closed - No Order
- Returned For Better Address
- Postage Due

*7/10/01*





**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Restrictive Mail Only; No Insurance Coverage Provided)  
 For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Postage	7110 6605 9590 0013 3224	Postmark Here
Certified Fee	\$0.44	
Return Receipt Fee (Endorsement Required)	\$2.80	
Restricted Delivery Fee (Endorsement Required)	\$2.30	
Total Postage & Fees	\$0.00	

Postage \$5.54

Delivered To  
 WILLIAM SWINFORD  
 LANIER FAM MNRL CTRL AG MA076  
 PO BOX 1600  
 SAN ANTONIO, TX 78296

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 3224

WILLIAM SWINFORD  
 LANIER FAM MNRL CTRL AG MA076  
 PO BOX 1600  
 SAN ANTONIO, TX 78296

Batch #: 2269  
 Article #: 71106605959000133224  
 Date/Time: 9/14/2010 2:59:27 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

**2: Article Number**

7110 6605 9590 0013 3224

1. Article Addressed to:

WILLIAM SWINFORD  
 LANIER FAM MNRL CTRL AG MA076  
 PO BOX 1600  
 SAN ANTONIO, TX 78296

**COMPLETE THIS SECTION ON DELIVERY**

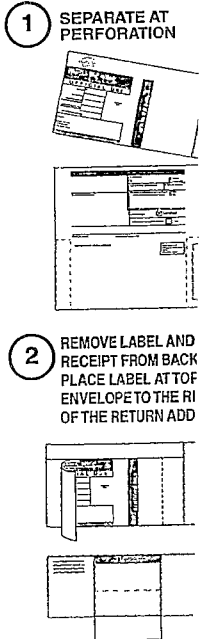
A. Signature  Agent  Addressee  
**X**

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2: Article Number**

7110 6605 9590 0013 3224

1. Article Addressed to:

WILLIAM SWINFORD  
 LANIER FAM MNRL CTRL AG MA076  
 PO BOX 1600  
 SAN ANTONIO, TX 78296

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*W Swinford*

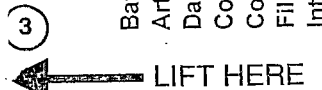
B. Received by (Printed Name) C. Date of Delivery  
*W Swinford* SEP 21 2010

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2269  
 Article #: 71106605959000133224  
 Date/Time: 9/14/2010 2:59:27 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:



Reorder Form LCD-001 Rev. 01/07



**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(First-Class Mail Only, No Insurance Coverage Provided)  
 For more information visit our website at [www.usps.com](http://www.usps.com)

7110 6605 9590 0013 2067

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

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

**WILLIAM S RABB**  
**PO BOX 19186**  
**BOULDER, CO 80308-2186**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2067

**WILLIAM S RABB**  
**PO BOX 19186**  
**BOULDER, CO 80308-2186**

Batch #: 2206  
 Article #: 71106605959000132067  
 Date/Time: 8/31/2010 1:36:08 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

**2 Article Number**

7110 6605 9590 0013 2067

1. Article Addressed to:

**WILLIAM S RABB**  
**PO BOX 19186**  
**BOULDER, CO 80308-2186**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X**

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

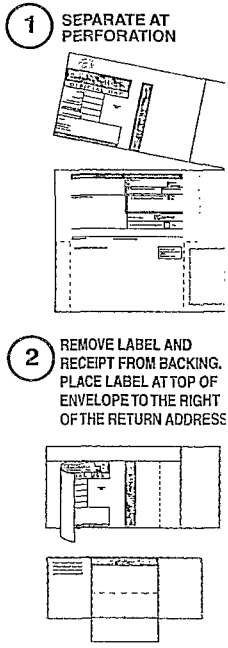
UNITED STATES POSTAL SERVICE



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 #: 2206  
 Article #: 71106605959000132067  
 Date/Time: 8/31/2010 1:36:08 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:



3 LIFT HERE

Reorder Form LCD-8 Rev. 01/07



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

7110 6605 9590 0013 2074

Postage	\$	
Certified Fee		\$4.05
Return Receipt Fee (endorsement Required)		\$2.80
Restricted Delivery Fee (endorsement Required)		\$2.30
		\$0.00
Total Postage & Fees	\$	\$6.15

Postmark  
Here

sent To

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

WILLIAM SIEGENTHALER JR  
112 S WATSON AVE  
ARTESIA, NM 88210

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2074

WILLIAM SIEGENTHALER JR  
112 S WATSON AVE  
ARTESIA, NM 88210

Batch #: 2206  
Article #: 71106605959000132074  
Date/Time: 8/31/2010 1:36:08 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 2074

1. Article Addressed to:

WILLIAM SIEGENTHALER JR  
112 S WATSON AVE  
ARTESIA, NM 88210

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

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

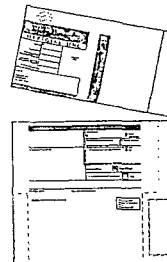
D. Is delivery address different from item 1?  Yes  
If YES enter delivery address below:  No

3. Service Type  Certified

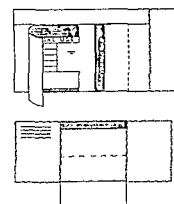
4. Restricted Delivery? (Extra Fee)  Yes

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 2074

1. Article Addressed to:

WILLIAM SIEGENTHALER JR  
112 S WATSON AVE  
ARTESIA, NM 88210

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X** *Bill Siegenthaler*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Bill Siegenthaler* *9-3*

D. Is 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 #: 2206  
Article #: 71106605959000132074  
Date/Time: 8/31/2010 1:36:08 PM  
Code: Allocation Project - D.Howell  
Code2:  
File #:  
Internal File #:  
Internal Code #:

3

LIFT HERE



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

7110 6605 9590 0013 2081

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

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

**WILLIAM SIMPSON TRUST DTD 12-17-79**  
**30 N LASALLE STE 1232**  
**CHICAGO, IL 60602-3344**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2081

WILLIAM SIMPSON TRUST DTD 12-17-79  
 30 N LASALLE STE 1232  
 CHICAGO, IL 60602-3344

Batch #: 2206  
 Article #: 71106605959000132081  
 Date/Time: 8/31/2010 1:36:08 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 2081

1. Article Addressed to:

**WILLIAM SIMPSON TRUST DTD 12-17-79**  
**30 N LASALLE STE 1232**  
**CHICAGO, IL 60602-3344**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

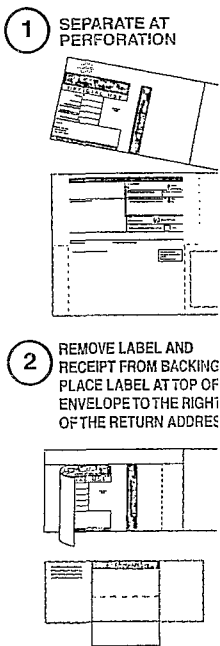
A. Signature  Agent  
 Addressee

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 2081

1. Article Addressed to:

**WILLIAM SIMPSON TRUST DTD 12-17-79**  
**30 N LASALLE STE 1232**  
**CHICAGO, IL 60602-3344**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

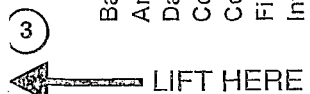
B. Received by (Printed Name) C. Date of Delivery

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 #: 2206  
 Article #: 71106605959000132081  
 Date/Time: 8/31/2010 1:36:08 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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

7110 6605 9590 0013 2098

Postage	\$		Postmark Here
Certified Fee	\$	1.05	
Return Receipt Fee (endorsement Required)	\$	2.00	
Restricted Delivery Fee (endorsement Required)	\$	2.30	
Total Postage & Fees	\$	6.15	

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

**WILLIAM W BRAMLETT**  
**PO BOX 132255**  
**SPRING, TX 77393**

Form 3811, August 2003. See Reverse for Instructions

Code: Allocation Project - D.Howell

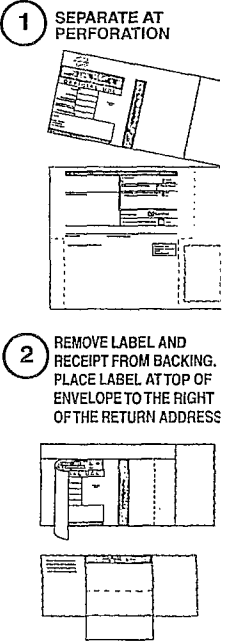


7110 6605 9590 0013 2098

**WILLIAM W BRAMLETT**  
**PO BOX 132255**  
**SPRING, TX 77393**

Batch #: 2206  
 Article #: 71106605959000132098  
 Date/Time: 8/31/2010 1:36:08 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

<b>2. Article Number</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 2098		A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery	
WILLIAM W BRAMLETT PO BOX 132255 SPRING, TX 77393		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell		3. Service Type <input checked="" type="checkbox"/> Certified	
PS Form 3811 Domestic Return Receipt		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



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**

3  
 LIFT HERE

Batch #: 2206  
 Article #: 71106605959000132098  
 Date/Time: 8/31/2010 1:36:08 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07





**U.S. Postal Service**  
**CERTIFIED MAIL - RECEIPT**  
(Certified Mail Only, No Insurance Coverage Provided)  
 For information visit our website at [www.usps.com](http://www.usps.com)

7110 6605 9590 0013 2104		
Postage \$	Postmark Here	
Certified Fee		\$1.05
Return Receipt Fee (Endorsement Required)		\$2.80
Restricted Delivery Fee (Endorsement Required)		\$2.30
Total Postage & Fees \$		\$6.15

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

**WILLIAM WARREN COOPER**  
**233 LAZY HOLLOW LN**  
**LIVINGSTON, TX 77351**

Form 3809 August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2104

**WILLIAM WARREN COOPER**  
**233 LAZY HOLLOW LN**  
**LIVINGSTON, TX 77351**

Batch #: 2206  
 Article #: 71106605959000132104  
 Date/Time: 8/31/2010 1:36:08 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 2104

1. Article Addressed to:

**WILLIAM WARREN COOPER**  
**233 LAZY HOLLOW LN**  
**LIVINGSTON, TX 77351**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

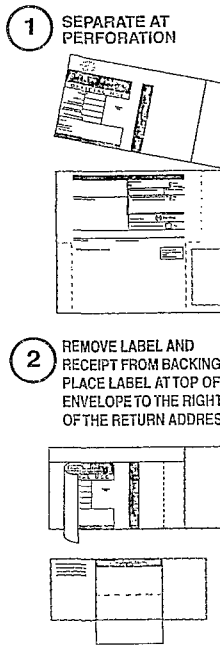
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Code: Allocation Project - D.Howell



**2. Article Number**

7110 6605 9590 0013 2104

1. Article Addressed to:

**WILLIAM WARREN COOPER**  
**233 LAZY HOLLOW LN**  
**LIVINGSTON, TX 77351**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

B. Received by (Printed Name) C. Date of Delivery  
**W.W. Cooper** **9-16-10**

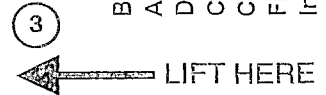
D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Code: Allocation Project - D.Howell

Batch #: 2206  
 Article #: 71106605959000132104  
 Date/Time: 8/31/2010 1:36:08 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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

7110 6605 9590 0013 2111

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

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

**WILLIAMS PRODUCTION COMPANY**  
**ATTN: BARBARA BURNETT**  
**PO BOX 3102**  
**TULSA, OK 74101**

Code: Allocation Project - D.Howell

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 2111

**WILLIAMS PRODUCTION COMPANY**  
**ATTN: BARBARA BURNETT**  
**PO BOX 3102**  
**TULSA, OK 74101**

Batch #: 2206  
 Article #: 71106605959000132111  
 Date/Time: 8/31/2010 1:36:08 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 2111

1. Article Addressed to:

**WILLIAMS PRODUCTION COMPANY**  
**ATTN: BARBARA BURNETT**  
**PO BOX 3102**  
**TULSA, OK 74101**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

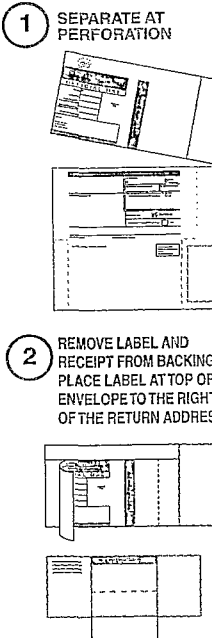
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  **Certified**

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0013 2111

1. Article Addressed to:

**WILLIAMS PRODUCTION COMPANY**  
**ATTN: BARBARA BURNETT**  
**PO BOX 3102**  
**TULSA, OK 74101**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

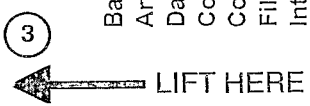
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type  **Certified**

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2206  
 Article #: 71106605959000132111  
 Date/Time: 8/31/2010 1:36:09 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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

7110 6605 9590 0013 2128

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

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

**WILLIS R. MOULTON  
 ONE CRESTHILL DRIVE  
 BOONTON, NJ 7005**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2128

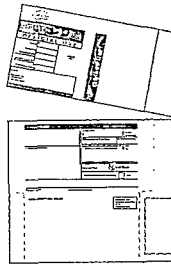
**WILLIS R. MOULTON  
 ONE CRESTHILL DRIVE  
 BOONTON, NJ 7005**

Batch #: 2206  
 Article #: 71106605959000132128  
 Date/Time: 8/31/2010 1:36:09 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

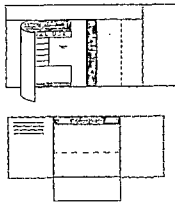
Reorder Form LCD-8 Rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 2128	A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
1. Article Addressed to:	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		
<p><b>WILLIS R. MOULTON          ONE CRESTHILL DRIVE          BOONTON, NJ 7005</b></p>		

**1** SEPARATE AT PERFORATION



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



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 2128	A. Signature <input type="checkbox"/> Agent <b>X</b> <i>Moulton</i> <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery 9/12/10
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
1. Article Addressed to:	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		
<p><b>WILLIS R. MOULTON          ONE CRESTHILL DRIVE          BOONTON, NJ 7005</b></p>		

**3**

Batch #: 2206  
 Article #: 71106605959000132128  
 Date/Time: 8/31/2010 1:36:09 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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

7110 6605 9590 0013 2135

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

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

**WINDOM ROYALTIES LLC**  
**PO BOX 660082**  
**DALLAS, TX 75266-0082**

Code: Allocation Project - D.Howell

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

7110 6605 9590 0013 2135

WINDOM ROYALTIES LLC  
 PO BOX 660082  
 DALLAS, TX 75266-0082

Batch #: 2206  
 Article #: 71106605959000132135  
 Date/Time: 8/31/2010 1:36:09 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800 August 2005 See Reverse for Instructions

**2. Article Number**

7110 6605 9590 0013 2135

1. Article Addressed to:

WINDOM ROYALTIES LLC  
 PO BOX 660082  
 DALLAS, TX 75266-0082

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

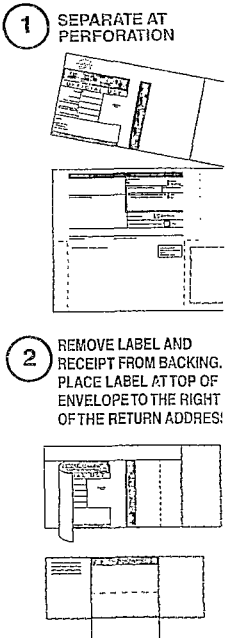
A. Signature  Agent  
 Addressee

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



Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 2135

1. Article Addressed to:

WINDOM ROYALTIES LLC  
 PO BOX 660082  
 DALLAS, TX 75266-0082

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

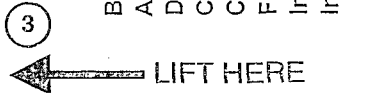
B. Received by (Printed Name) C. Date of Delivery

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 #: 2206  
 Article #: 71106605959000132135  
 Date/Time: 8/31/2010 1:36:09 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
(No Mail Only - No Insurance Coverage Provided)  
 For more information visit our website at [www.usps.com](http://www.usps.com)

7110 6605 9590 0013 2142

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

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

**WINTERGREEN ENERGY CORP**  
**ROCKWALL EXEC CENTER**  
**500 TURTLE COVE STE 120**  
**ROCKWALL, TX 75087**

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2142

**WINTERGREEN ENERGY CORP**  
**ROCKWALL EXEC CENTER**  
**500 TURTLE COVE STE 120**  
**ROCKWALL, TX 75087**

Batch #: 2206  
 Article #: 71106605959000132142  
 Date/Time: 8/31/2010 1:36:09 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800, August 2006. See Reverse for Instructions

Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 2142

1. Article Addressed to:

**WINTERGREEN ENERGY CORP**  
**ROCKWALL EXEC CENTER**  
**500 TURTLE COVE STE 120**  
**ROCKWALL, TX 75087**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X**

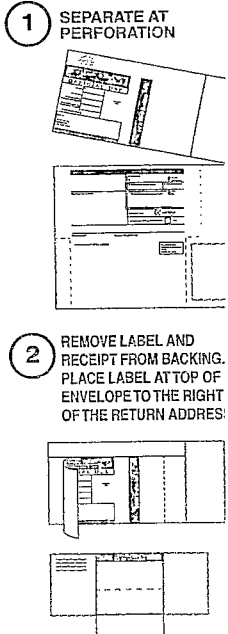
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Code: Allocation Project - D.Howell



**2. Article Number**

7110 6605 9590 0013 2142

1. Article Addressed to:

**WINTERGREEN ENERGY CORP**  
**ROCKWALL EXEC CENTER**  
**500 TURTLE COVE STE 120**  
**ROCKWALL, TX 75087**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X Sandy Jarecki**

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

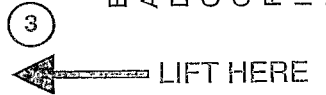
D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Code: Allocation Project - D.Howell

Batch #: 2206  
 Article #: 71106605959000132142  
 Date/Time: 8/31/2010 1:36:09 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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

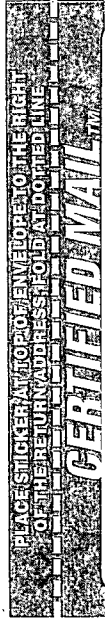
7110 6605 9590 0013 2159	
Postage \$	
Certified Fee	\$1.05
Return Receipt Fee (endorsement Required)	\$2.80
Restricted Delivery Fee (endorsement Required)	\$2.30
Total Postage & Fees \$	\$6.15

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

**WOODBINE FINANCIAL CORP**  
**PO BOX 52296**  
**TULSA, OK 74152**

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2159

**WOODBINE FINANCIAL CORP**  
**PO BOX 52296**  
**TULSA, OK 74152**

Batch #: 2206  
 Article #: 71106605959000132159  
 Date/Time: 8/31/2010 1:36:09 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 2159

1. Article Addressed to:

**WOODBINE FINANCIAL CORP**  
**PO BOX 52296**  
**TULSA, OK 74152**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

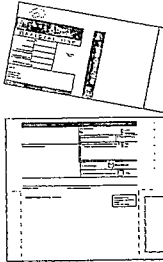
B. Received by (Printed Name) C. Date of Delivery

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

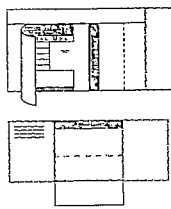
3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

1 SEPARATE AT PERFORATION



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



**2. Article Number**

7110 6605 9590 0013 2159

1. Article Addressed to:

**WOODBINE FINANCIAL CORP**  
**PO BOX 52296**  
**TULSA, OK 74152**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

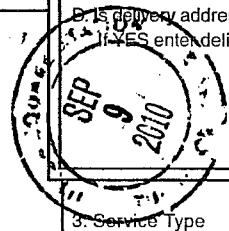
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



Batch #: 2206  
 Article #: 71106605959000132159  
 Date/Time: 8/31/2010 1:36:09 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3 LIFT HERE



U.S. Postal Service  
**CERTIFIED MAIL - RECEIPT**  
*(Certified Mail Only, No Insurance Coverage Provided)*

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

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

Postmark Here

Code: Allocation Project - D.Howell

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 2166

WOOLLEY FAMILY TRUST DTD 3/2/2005  
3900 CONNECTICUT APT 101-G  
WASHINGTON, DC 20008

Batch #: 2206  
Article #: 71106605959000132166  
Date/Time: 8/31/2010 1:36:09 PM  
Code: Allocation Project - D.Howell  
Code2:  
File #:  
Internal File #:  
Internal Code #:

**2. Article Number**

7110 6605 9590 0013 2166

1. Article Addressed to:

WOOLLEY FAMILY TRUST DTD 3/2/2005  
3900 CONNECTICUT APT 101-G  
WASHINGTON, DC 20008

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

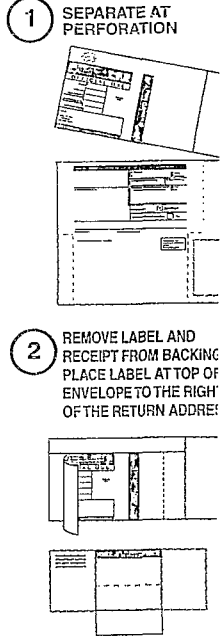
**X**

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0013 2166

1. Article Addressed to:

WOOLLEY FAMILY TRUST DTD 3/2/2005  
3900 CONNECTICUT APT 101-G  
WASHINGTON, DC 20008

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

**X** *D. Howell*

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 #: 2206  
Article #: 71106605959000132166  
Date/Time: 8/31/2010 1:36:09 PM  
Code: Allocation Project - D.Howell  
Code2:  
File #:  
Internal File #:  
Internal Code #:



Reorder Form LCD-8 Rev. 01/07



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

7110 6605 9590 0013 2173

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

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

**WORTH D WARE JR ESTATE  
 C/O JERRY DENMAN CPA  
 1260 PIN OAK RD STE 200  
 KATY, TX 77494**

Form 3800, August 2008 PSN SSA Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2173

**WORTH D WARE JR ESTATE  
 C/O JERRY DENMAN CPA  
 1260 PIN OAK RD STE 200  
 KATY, TX 77494**

Batch #: 2206  
 Article #: 71106605959000132173  
 Date/Time: 8/31/2010 1:36:09 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8 v. 01/07

**2. Article Number**

7110 6605 9590 0013 2173

1. Article Addressed to:

**WORTH D WARE JR ESTATE  
 C/O JERRY DENMAN CPA  
 1260 PIN OAK RD STE 200  
 KATY, TX 77494**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

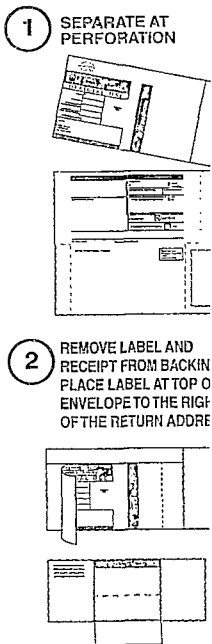
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  **Certified**

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0013 2173

1. Article Addressed to:

**WORTH D WARE JR ESTATE  
 C/O JERRY DENMAN CPA  
 1260 PIN OAK RD STE 200  
 KATY, TX 77494**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 9/17/10

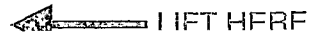
D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No

3. Service Type  **Certified**

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2206  
 Article #: 71106605959000132173  
 Date/Time: 8/31/2010 1:36:09 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3







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

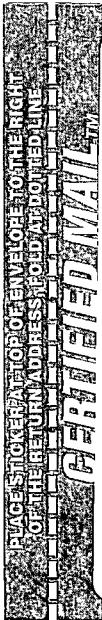
7110 6605 9590 0013 2180		
Postage \$	Postmark Here	
Certified Fee		\$1.05
Return Receipt Fee (endorsement Required)		\$2.80
Restricted Delivery Fee (endorsement Required)		\$2.30
Total Postage & Fees \$		\$0.00

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

**WWR ENTERPRISES INC  
 C/O PETRO ASSET MANAGENT LLC  
 P O BOX 745  
 HOBBS, NM 88241**

PS Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2180

**WWR ENTERPRISES INC  
 C/O PETRO ASSET MANAGENT LLC  
 P O BOX 745  
 HOBBS, NM 88241**

Batch #: 2206  
 Article #: 71106605959000132180  
 Date/Time: 8/31/2010 1:36:09 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 2180

1. Article Addressed to:

**WWR ENTERPRISES INC  
 C/O PETRO ASSET MANAGENT LLC  
 P O BOX 745  
 HOBBS, NM 88241**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

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

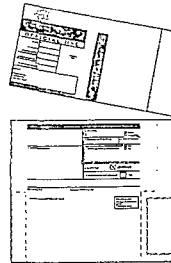
D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No

3. Service Type  Certified

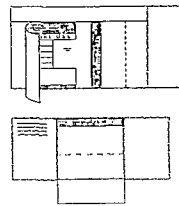
4. Restricted Delivery? (Extra Fee)  Yes

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 2180

1. Article Addressed to:

**WWR ENTERPRISES INC  
 C/O PETRO ASSET MANAGENT LLC  
 P O BOX 745  
 HOBBS, NM 88241**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

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

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

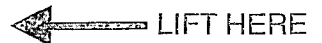
3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Code: Allocation Project - D.Howell

Batch #: 2206  
 Article #: 71106605959000132180  
 Date/Time: 8/31/2010 1:36:09 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3





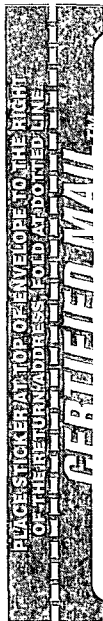
**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Certified Mail Only; No Insurance Coverage Provided)  
 For more information, visit our website at www.usps.com

7110 6605 9590 0013 2197

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

Code: Allocation Project - D.Howell

Form 3800, August 2006. See Reverse for Instructions



7110 6605 9590 0013 2197

XTO ENERGY INC  
 ATTN: MR. MIKE BLISSIT  
 810 HOUSTON ST  
 FORT WORTH, TX 76102-6298

Batch #: 2206  
 Article #: 71106605959000132197  
 Date/Time: 8/31/2010 1:36:09 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-9-01/07

**2. Article Number**

7110 6605 9590 0013 2197

1. Article Addressed to:

XTO ENERGY INC  
 ATTN: MR. MIKE BLISSIT  
 810 HOUSTON ST  
 FORT WORTH, TX 76102-6298

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

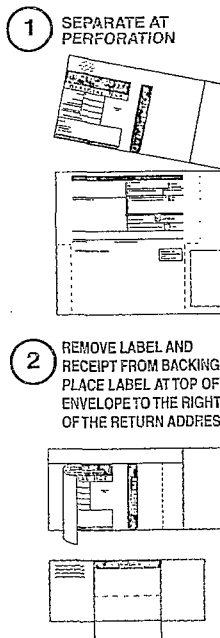
A. Signature  Agent  Addressee  
**X**

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0013 2197

1. Article Addressed to:

XTO ENERGY INC  
 ATTN: MR. MIKE BLISSIT  
 810 HOUSTON ST  
 FORT WORTH, TX 76102-6298

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X** *Mike Blissit*

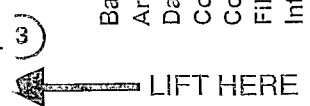
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2206  
 Article #: 71106605959000132197  
 Date/Time: 8/31/2010 1:36:09 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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

7110 6605 9590 0013 2203

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

sent To  
 Street, Apt. No.,  
 PO Box No.  
 City, State, Zip+4  
**YELLOW QUEEN URANIUM COMPANY**  
**201 AIRPORT DR., STE 19**  
**FARMINGTON, NM 87401**

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2203

**YELLOW QUEEN URANIUM COMPANY**  
**201 AIRPORT DR., STE 19**  
**FARMINGTON, NM 87401**

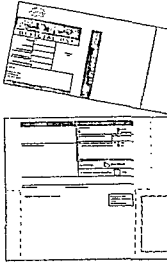
Batch #: 2206  
 Article #: 71106605959000132203  
 Date/Time: 8/31/2010 1:36:09 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800, August 2008. See Reverse for Instructions

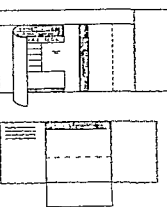
Reorder Form LCD-8 Rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 2203	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
<b>YELLOW QUEEN URANIUM COMPANY</b> 201 AIRPORT DR., STE 19 FARMINGTON, NM 87401	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
PS Form 3811	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

1 SEPARATE AT PERFORATION



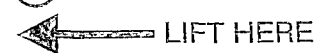
2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 2203	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
<b>YELLOW QUEEN URANIUM COMPANY</b> 201 AIRPORT DR., STE 19 FARMINGTON, NM 87401	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
PS Form 3811	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

3

Batch #: 2206  
 Article #: 71106605959000132203  
 Date/Time: 8/31/2010 1:36:09 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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

7110 6605 9590 0013 1879

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

Postmark Here

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1879

WILCO PROPERTIES INC  
P O BOX 600789  
DALLAS, TX 75360-0789

Batch #: 2202  
Article #: 71106605959000131879  
Date/Time: 8/31/2010 1:28:48 PM  
Code: Allocation Project - D.Howell  
Code2:  
File #:  
Internal File #:  
Internal Code #:

ent To  
WILCO PROPERTIES INC  
P O BOX 600789  
DALLAS, TX 75360-0789

Form 3811 August 2006 Use Reverse for Instructions

**2. Article Number**

7110 6605 9590 0013 1879

1. Article Addressed to:

WILCO PROPERTIES INC  
P O BOX 600789  
DALLAS, TX 75360-0789

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

**X**

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0013 1879

1. Article Addressed to:

WILCO PROPERTIES INC  
P O BOX 600789  
DALLAS, TX 75360-0789

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

**X** *[Signature]*

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

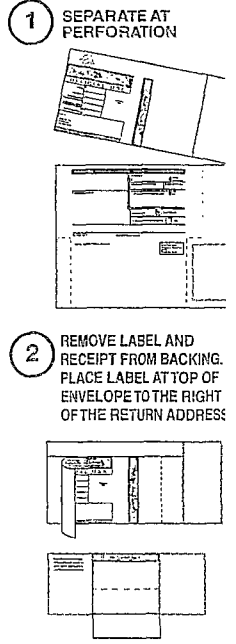
*EFF DOUMAY* *8/31/10*

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Code: Allocation Project - D.Howell



Batch #: 2202  
Article #: 71106605959000131879  
Date/Time: 8/31/2010 1:28:49 PM  
Code: Allocation Project - D.Howell  
Code2:  
File #:  
Internal File #:  
Internal Code #:

3

Recorder Form LCD-81 Rev. 01/07



**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
The Mail Only. No Insurance Coverage Provided.

7110 6605 9590 0013 1886

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

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

**WILLADEAN HIRSCH**  
**14143 W DESERT GLEN DR**  
**SUN CITY WEST, AZ 85375**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



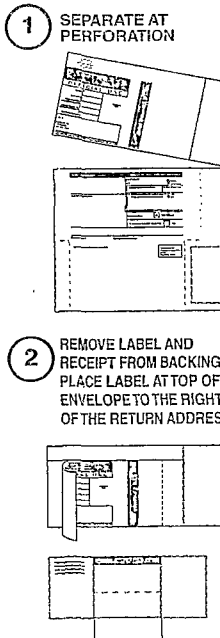
7110 6605 9590 0013 1886

**WILLADEAN HIRSCH**  
**14143 W DESERT GLEN DR**  
**SUN CITY WEST, AZ 85375**

Batch #: 2202  
 Article #: 71106605959000131886  
 Date/Time: 8/31/2010 1:28:49 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-# Rev. 01/07

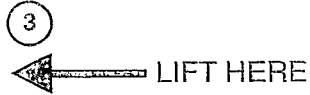
<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 1886	A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
WILLADEAN HIRSCH 14143 W DESERT GLEN DR SUN CITY WEST, AZ 85375	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 1886	A. Signature <input type="checkbox"/> Agent <b>X</b> <i>Willadean Hirsch</i> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
WILLADEAN HIRSCH 14143 W DESERT GLEN DR SUN CITY WEST, AZ 85375	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



Batch #: 2202  
 Article #: 71106605959000131886  
 Date/Time: 8/31/2010 1:28:49 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





**U.S. Postal Service**  
**CERTIFIED MAIL - RECEIPT**  
*(Mail Only, No Insurance Coverage Provided)*  
 For more information visit our website at [www.usps.com](http://www.usps.com)  
 7110 6605 9590 0013 1893

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.15</b>	

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

**WILLIAM B HARDIE SR  
 JANE HARDIE, TUSTEE  
 1065 LOS JARDINES  
 EL PASO, TX 79912-1942**

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1893

**WILLIAM B HARDIE SR  
 JANE HARDIE, TUSTEE  
 1065 LOS JARDINES  
 EL PASO, TX 79912-1942**

Batch #: 2202  
 Article #: 71106605959000131893  
 Date/Time: 8/31/2010 1:28:49 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD-81 01/07

**2. Article Number**

7110 6605 9590 0013 1893

1. Article Addressed to:

**WILLIAM B HARDIE SR  
 JANE HARDIE, TUSTEE  
 1065 LOS JARDINES  
 EL PASO, TX 79912-1942**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

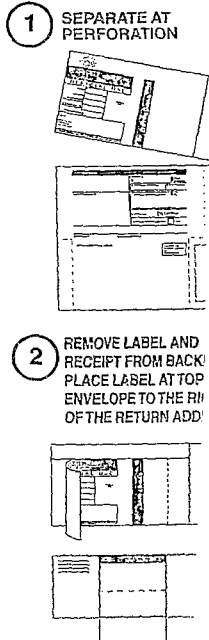
A. Signature  Agent  
 Addressee

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 1893

1. Article Addressed to:

**WILLIAM B HARDIE SR  
 JANE HARDIE, TUSTEE  
 1065 LOS JARDINES  
 EL PASO, TX 79912-1942**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

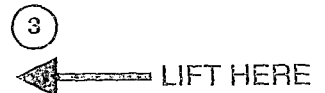
B. Received by (Printed Name) C. Date of Delivery

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 #: 71106605959000131893  
 Date/Time: 8/31/2010 1:28:49 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:





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

7110 6605 9590 0013 1909

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

Send To  
**WILLIAM B LANDSHEFT**  
 15880 S PEORIA RT 6  
 BIXBY, OK 74008-5221

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1909

7110 6605 9590 0013 1909

WILLIAM B LANDSHEFT  
 15880 S PEORIA RT 6  
 BIXBY, OK 74008-5221

Batch #: 2202  
 Article #: 71106605959000131909  
 Date/Time: 8/31/2010 1:28:49 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800, August 2006. See Reverse for Instructions

**2. Article Number**

7110 6605 9590 0013 1909

1. Article Addressed to:

WILLIAM B LANDSHEFT  
 15880 S PEORIA RT 6  
 BIXBY, OK 74008-5221

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

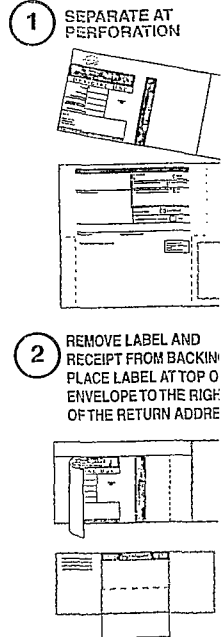
A. Signature  Agent  Addressee  
**X**

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0013 1909

1. Article Addressed to:

WILLIAM B LANDSHEFT  
 15880 S PEORIA RT 6  
 BIXBY, OK 74008-5221

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X** *William Landsheft*

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2202  
 Article #: 71106605959000131909  
 Date/Time: 8/31/2010 1:28:49 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:



Reorder Form LCD-8 v. 01/07



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

7110 6605 9590 0013 1916

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.15</b>	

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

**WILLIAM BRIGGS**  
**C/O REYNOLDS HIX & CO**  
**6729 ACADEMY RD NE STE D**  
**ALBUQUERQUE, NM 87109**

Form 3811, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1916

**WILLIAM BRIGGS**  
**C/O REYNOLDS HIX & CO**  
**6729 ACADEMY RD NE STE D**  
**ALBUQUERQUE, NM 87109**

Batch #: 2202  
 Article #: 71106605959000131916  
 Date/Time: 8/31/2010 1:28:49 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 1916

1. Article Addressed to:

**WILLIAM BRIGGS**  
**C/O REYNOLDS HIX & CO**  
**6729 ACADEMY RD NE STE D**  
**ALBUQUERQUE, NM 87109**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

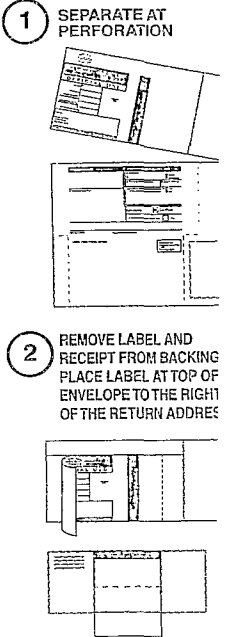
A. Signature  Agent  Addressee  
**X**

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2 Article Number**

7110 6605 9590 0013 1916

1. Article Addressed to:

**WILLIAM BRIGGS**  
**C/O REYNOLDS HIX & CO**  
**6729 ACADEMY RD NE STE D**  
**ALBUQUERQUE, NM 87109**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**x Cheryl Good**

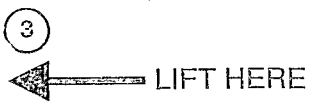
B. Received by (Printed Name) C. Date of Delivery  
**Cheryl Good 9/3/10**

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2202  
 Article #: 71106605959000131916  
 Date/Time: 8/31/2010 1:28:49 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:







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

7110 6605 9590 0013 1923

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (Endorsement Required)	\$ 2.30	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.15</b>	

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

**WILLIAM CHARLES BANZHOF**  
**2186 CAMINO CHRISTINA**  
**ALPINE, CA 91901-3223**

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1923

WILLIAM CHARLES BANZHOF  
 2186 CAMINO CHRISTINA  
 ALPINE, CA 91901-3223

Batch #: 2202  
 Article #: 71106605959000131923  
 Date/Time: 8/31/2010 1:28:49 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-811 01/07

**2. Article Number**

7110 6605 9590 0013 1923

**1. Article Addressed to:**

WILLIAM CHARLES BANZHOF  
 2186 CAMINO CHRISTINA  
 ALPINE, CA 91901-3223

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

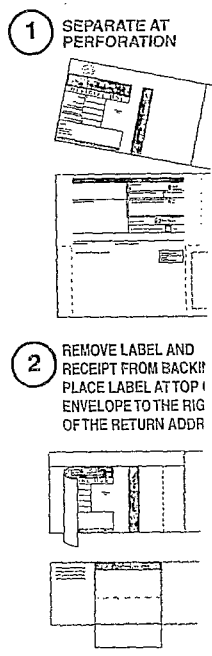
A. Signature  Agent  Addressee  
**X**

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0013 1923

**1. Article Addressed to:**

WILLIAM CHARLES BANZHOF  
 2186 CAMINO CHRISTINA  
 ALPINE, CA 91901-3223

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X** *P. M. Banzhof*

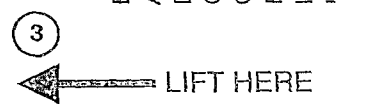
B. Received by (Printed Name) C. Date of Delivery  
*Pamela Banzhof* 9-9-10

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2202  
 Article #: 71106605959000131923  
 Date/Time: 8/31/2010 1:28:49 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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

7110 6605 9590 0013 1930

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

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

**WILLIAM CLAY MCCORD**  
**PO BOX 840738**  
**DALLAS, TX 75284-0738**

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1930

**WILLIAM CLAY MCCORD**  
**PO BOX 840738**  
**DALLAS, TX 75284-0738**

Batch #: 2202  
 Article #: 71106605959000131930  
 Date/Time: 8/31/2010 1:28:49 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3811 August 2006 See Reverse for Instructions

**2. Article Number**

7110 6605 9590 0013 1930

1. Article Addressed to:

**WILLIAM CLAY MCCORD**  
**PO BOX 840738**  
**DALLAS, TX 75284-0738**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

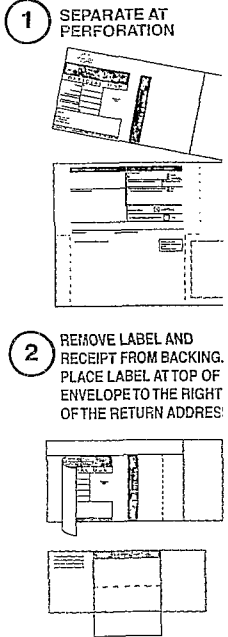
A. Signature  Agent  Addressee  
**X**

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



Reorder Form LCD-80 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 1930

1. Article Addressed to:

**WILLIAM CLAY MCCORD**  
**PO BOX 840738**  
**DALLAS, TX 75284-0738**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X** *William Clay McCord*

B. Received by (Printed Name) C. Date of Delivery  
 SEP 07 2010

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2202  
 Article #: 71106605959000131930  
 Date/Time: 8/31/2010 1:28:49 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
No Insurance Coverage Provided

7110 6605 9590 0013 1978

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

Postmark  
Here

Code: Allocation Project - D.Howell

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

**WILLIAM FIELDING DAVENPORT**  
PO BOX 2465  
ALVIN, TX 77512-2465

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 1978

WILLIAM FIELDING DAVENPORT  
PO BOX 2465  
ALVIN, TX 77512-2465

Batch #: 2206  
Article #: 71106605959000131978  
Date/Time: 8/31/2010 1:36:07 PM  
Code: Allocation Project - D.Howell  
Code2:  
File #:  
Internal File #:  
Internal Code #:

Reorder Form LCD-8 .01/07

**2. Article Number**

7110 6605 9590 0013 1978

1. Article Addressed to:

**WILLIAM FIELDING DAVENPORT**  
PO BOX 2465  
ALVIN, TX 77512-2465

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

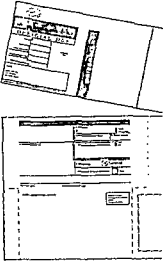
B. Received by (Printed Name) C. Date of Delivery

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

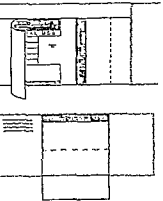
3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

1 SEPARATE AT PERFORATION



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



**2. Article Number**

7110 6605 9590 0013 1978

1. Article Addressed to:

**WILLIAM FIELDING DAVENPORT**  
PO BOX 2465  
ALVIN, TX 77512-2465

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2206  
Article #: 71106605959000131978  
Date/Time: 8/31/2010 1:36:07 PM  
Code: Allocation Project - D.Howell  
Code2:  
File #:  
Internal File #:  
Internal Code #:

3





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

7110 6605 9590 0013 1985

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.15</b>	

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

**WILLIAM G WEBB ESTATE  
 JOHN G TAYLOR, IND. EXEC.  
 1401 ELM STREET, SUITE 3435  
 DALLAS, TX 75202**

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 1985

**WILLIAM G WEBB ESTATE  
 JOHN G TAYLOR, IND. EXEC.  
 1401 ELM STREET, SUITE 3435  
 DALLAS, TX 75202**

Batch #: 2206  
 Article #: 71106605959000131985  
 Date/Time: 8/31/2010 1:36:08 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 1985

1. Article Addressed to:

**WILLIAM G WEBB ESTATE  
 JOHN G TAYLOR, IND. EXEC.  
 1401 ELM STREET, SUITE 3435  
 DALLAS, TX 75202**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

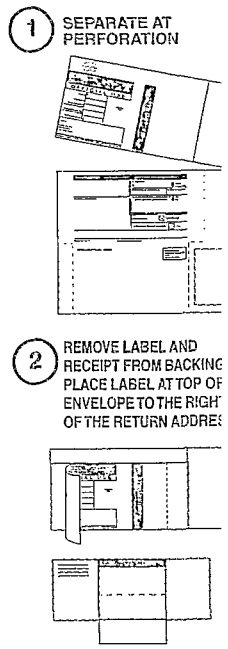
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2 Article Number**

7110 6605 9590 0013 1985

1. Article Addressed to:

**WILLIAM G WEBB ESTATE  
 JOHN G TAYLOR, IND. EXEC.  
 1401 ELM STREET, SUITE 3435  
 DALLAS, TX 75202**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2206  
 Article #: 71106605959000131985  
 Date/Time: 8/31/2010 1:36:08 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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

7110 6605 9590 0013 1992

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

sent To **WILLIAM HAUSER**  
**PO BOX 911**  
**MONTICELLO, IN 47960**

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1992

**WILLIAM HAUSER**  
**PO BOX 911**  
**MONTICELLO, IN 47960**

Batch #: 2206  
 Article #: 71106605959000131992  
 Date/Time: 8/31/2010 1:36:08 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 1992

1. Article Addressed to:

**WILLIAM HAUSER**  
**PO BOX 911**  
**MONTICELLO, IN 47960**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

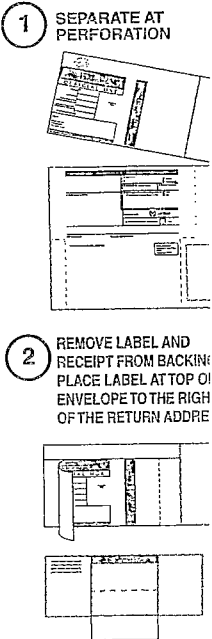
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0013 1992

1. Article Addressed to:

**WILLIAM HAUSER**  
**PO BOX 911**  
**MONTICELLO, IN 47960**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

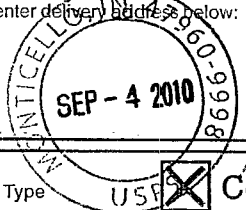
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



Batch #: 2206  
 Article #: 71106605959000131992  
 Date/Time: 8/31/2010 1:36:08 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

