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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	

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

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



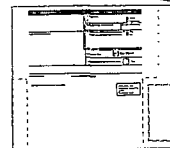
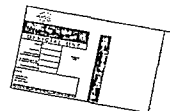
7110 6605 9590 0013 1725

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

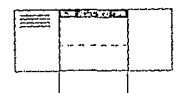
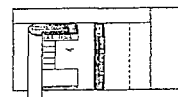
Batch #: 2202
Article #: 71106605959000131725
Date/Time: 8/31/2010 1:28:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0013 1725	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: W. A. KERNAGHAN 5650 CHARLESTOWN DR. DALLAS, TX 75230-1730 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 1725	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 9/4/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: W. A. KERNAGHAN 5650 CHARLESTOWN DR. DALLAS, TX 75230-1730 Code: Allocation Project - D.Howell	

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

3



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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	

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

Post Office: **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



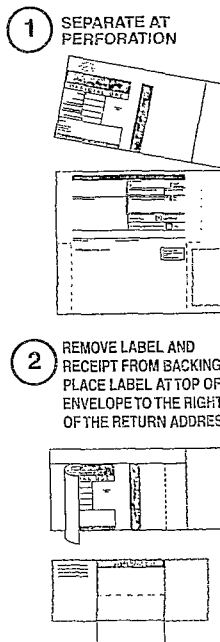
7110 6605 9590 0013 1695

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-87 Rev. 01/07

2. Article Number 7110 6605 9590 0013 1695	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: W D KENNEDY PROPERTIES LTD 500 WEST TEXAS, STE 655 MIDLAND, TX 79701 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0013 1695	COMPLETE THIS SECTION ON DELIVERY A. Signature X Dan Hernandez ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery Dan Hernandez D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: W D KENNEDY PROPERTIES LTD 500 WEST TEXAS, STE 655 MIDLAND, TX 79701 Code: Allocation Project - D.Howell	

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



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7110 6605 9590 0013 1701

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

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

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



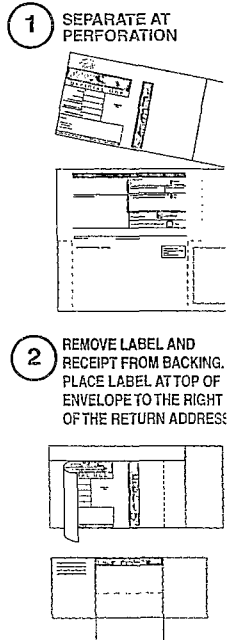
7110 6605 9590 0013 1701

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 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1701	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
W G PEAVY OIL COMPANY C/O CHARLES D DAVID JR 221 WOODCREST DR RICHARDSON, TX 75080-2038	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1701	A. Signature X <i>Charles D. David</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Charles D. David</i> <i>9-30-10</i>
W G PEAVY OIL COMPANY C/O CHARLES D DAVID JR 221 WOODCREST DR RICHARDSON, TX 75080-2038	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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





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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	

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

W L JENNINGS
PO BOX 117
ABILENE, TX 79604

PS Form 3800, August 2006 See Reverse for Instructions

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 #:

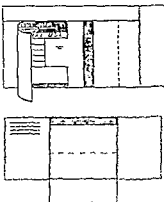
Reorder Form LCD-8-01/07

2. Article Number 7110 6605 9590 0013 1718	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: W L JENNINGS PO BOX 117 ABILENE, TX 79604	
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 1718	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>W L Jennings</i> B. Received by (Printed Name) <i>W L Jennings</i> C. Date of Delivery <i>SEP 8 2010</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: W L JENNINGS PO BOX 117 ABILENE, TX 79604	
Code: Allocation Project - D.Howell	

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



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7110 6605 9590 0013 1732

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



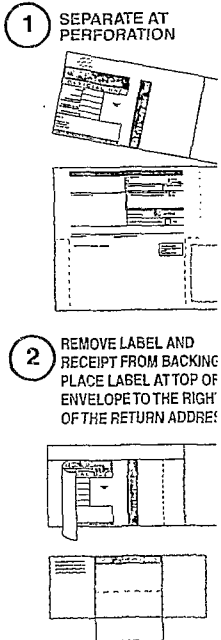
7110 6605 9590 0013 1732

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
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 01/07

2. Article Number 7110 6605 9590 0013 1732	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: W.W. LAFORCE, JR. PO BOX 353 MIDLAND, TX 79702	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0013 1732	COMPLETE THIS SECTION ON DELIVERY A. Signature X [Signature] B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
1. Article Addressed to: W.W. LAFORCE, JR. PO BOX 353 MIDLAND, TX 79702	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131732
Date/Time: 8/31/2010 1:28:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



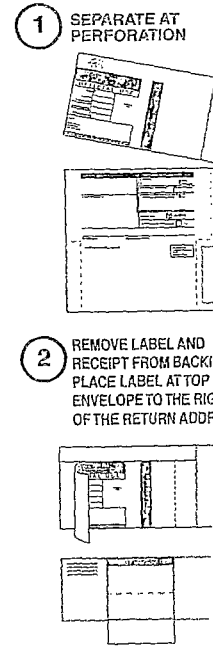
7110 6605 9590 0013 1749

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 #:

Reorder Form LCD-81 01/07

2. Article Number 7110 6605 9590 0013 1749	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: WALTER K HOWARD ESTATE FIRST NATIONAL BANK OLNEY PO BOX 100 OLNEY, IL 62450-0100 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0013 1749	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 714K13 2010 9-7-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: WALTER K HOWARD ESTATE FIRST NATIONAL BANK OLNEY PO BOX 100 OLNEY, IL 62450-0100 Code: Allocation Project - D.Howell	

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



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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	

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

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

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

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 #:

Reorder Form LCD-811-01/07

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
X ☐ Addressee

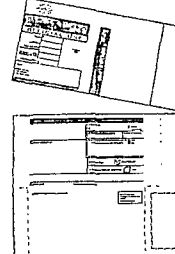
B. Received by (Printed Name) C. Date of Delivery

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

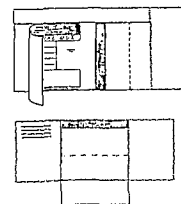
3. Service Type ☒ Certified

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 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
X *Michael Gibson* ☐ 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 #: 71106605959000131756
Date/Time: 8/31/2010 1:28:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

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

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

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

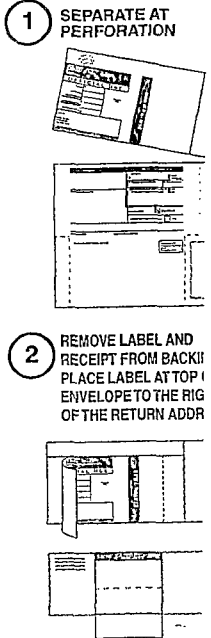
CERTIFIED MAIL™

7110 6605 9590 0013 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 #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3194	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WANDA H APODACA TR DTD 07/10/07 PO BOX 534 LAFAYETTE, CO 80026	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3194	A. Signature X Wanda Apodaca ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WANDA H APODACA TR DTD 07/10/07 PO BOX 534 LAFAYETTE, CO 80026	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
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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	
Total Postage & Fees	\$ 6.15	

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

WASATCH ENERGY LLC
PO BOX 699
FARMINGTON, UT 84025

Form 3800, August 2006 See Reverse for Instructions

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 #:

2. Article Number 7110 6605 9590 0013 1763	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
1. Article Addressed to: WASATCH ENERGY LLC PO BOX 699 FARMINGTON, UT 84025 Code: Allocation Project - D.Howell	

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

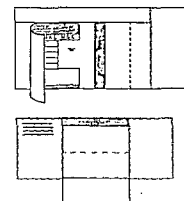
Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2202
Article #: 71106605959000131763
Date/Time: 8/31/2010 1:28:48 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





U.S. Postal Service
CERTIFIED MAIL RECEIPT
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For more information, visit our website at www.usps.com
7110 6605 9590 0013 1770

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

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

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

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

Reorder Form LCD-8, Rev. 01/07

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

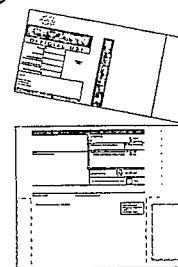
B. Received by (Printed Name) C. Date of Delivery

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

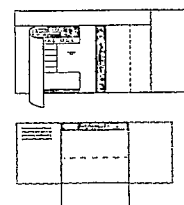
3. Service Type ☒ Certified

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.



PS Form 3811

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

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

3



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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 3811, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

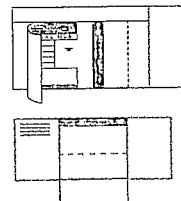
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1787	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WAYNE & JO ANNE MOORE CHARITABLE FD 403 N MARIENFELD MIDLAND, TX 79701	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1787	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WAYNE & JO ANNE MOORE CHARITABLE FD 403 N MARIENFELD MIDLAND, TX 79701	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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

3

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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	

Delivered 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

PS Form 3800, August 2005 See Reverse for Instructions

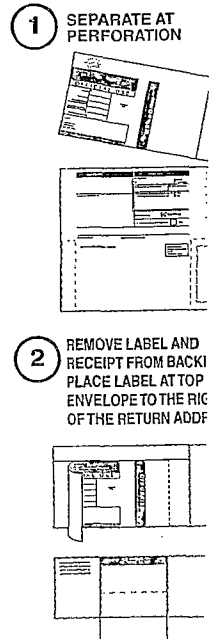


7110 6605 9590 0013 4061

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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 4061	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WCB INVESTMENTS LLC NM LLC C/O REYNOLDS HIX & CO PA 6729 ACADEMY RD NE STE D ALBUQUERQUE, NM 87109	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



PS

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 4061	A. Signature <i>Cheryl Good</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Cheryl Good 9/14/10</i>
WCB INVESTMENTS LLC NM LLC C/O REYNOLDS HIX & CO PA 6729 ACADEMY RD NE STE D ALBUQUERQUE, NM 87109	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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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	

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

WENDY DALE JOHNSON
PO BOX 627
DICKINSON, TX 77539

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1794

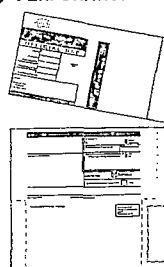
WENDY DALE JOHNSON
PO BOX 627
DICKINSON, TX 77539

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

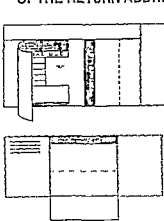
Reorder Form LCD-8 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1794	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WENDY DALE JOHNSON PO BOX 627 DICKINSON, TX 77539	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1794	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery SEP 13 2010
WENDY DALE JOHNSON PO BOX 627 DICKINSON, TX 77539	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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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
CLEBURNE, TX 76031

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

PS Form 3800, August 2006 See Reverse for Instructions



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 #:

2. Article Number 7110 6605 9590 0013 4078	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
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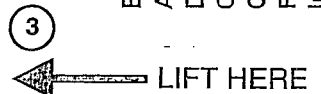
PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

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

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

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





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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

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1800

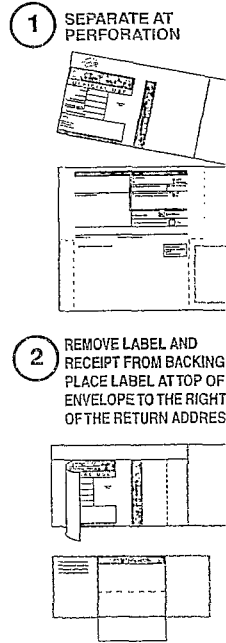
WESLEY T HOUSE TESTAMENTARY TRUST F
PO BOX 5383
DENVER, CO 80217

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

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1800	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WESLEY T HOUSE TESTAMENTARY TRUST F PO BOX 5383 DENVER, CO 80217	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1800	A. Signature ☐ Agent X Matthew Haden ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery Matthew Haden 9-7-10
WESLEY T HOUSE TESTAMENTARY TRUST F PO BOX 5383 DENVER, CO 80217	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

Domestic Return Receipt

3

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



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7110 6605 9590 0013 1817

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

Postmark
Here

ent To
reet, Apt. No.;
PO Box No.
ity, 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 PSN 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 ☒ Addressee

X

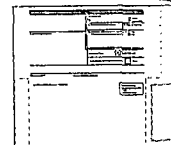
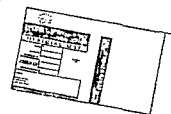
B. Received by (Printed Name) C. Date of Delivery

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

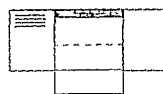
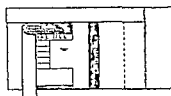
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 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 ☒ Addressee

X *Chen*

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

SEP 6 7 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 #:

3

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7110 6605 9590 0013 1824

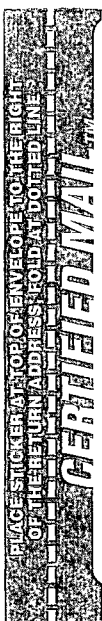
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

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

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

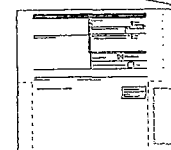
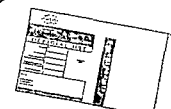
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Article #: 71106605959000131824
Date/Time: 8/31/2010 1:28:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 01/07

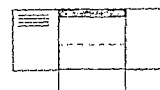
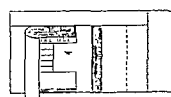
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1824	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WESTMEATH CORP P O BOX 711 FARMINGTON, NM 87499-0711	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1824	A. Signature X <i>E.A. / 355</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WESTMEATH CORP P O BOX 711 FARMINGTON, NM 87499-0711	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

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



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7110 6605 9590 0013 1831

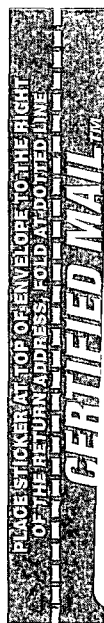
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

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

Code: Allocation Project - D.Howell

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	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1831	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
WHITE CREDIT TRUST AUG 24 2006 C/O BROWN ADVISORY 7475 WISCONSIN AVE STE 800 BETHESDA, MD 20814	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

PS Form 3811

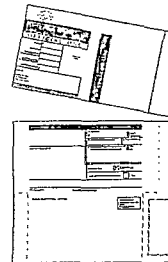
2: Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1831	A. Signature X Karen LaRosa ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
WHITE CREDIT TRUST AUG 24 2006 C/O BROWN ADVISORY 7475 WISCONSIN AVE STE 800 BETHESDA, MD 20814	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

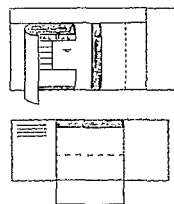
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



Batch #: 2202
Article #: 71106605959000131831
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
(No Mail Only; No Insurance Coverage Provided)
For information visit our website at www.usps.com

7110 6605 9590 0013 1848

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

sent To

reet, Apt. No.;
PO Box No.
ty, 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

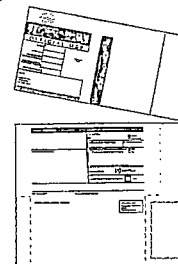
WHITE RIVER ROYALTIES LLC
4194 SOUTH VALENTIA STREET
DENVER, CO 80237-1746

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

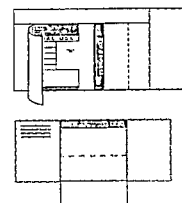
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1848	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WHITE RIVER ROYALTIES LLC 4194 SOUTH VALENTIA STREET DENVER, CO 80237-1746	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1848	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WHITE RIVER ROYALTIES LLC 4194 SOUTH VALENTIA STREET DENVER, CO 80237-1746	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 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
(Insurance Coverage Provided)

7110 6605 9590 0013 1855

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

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

Form 3800, August 2006 See Reverse for Instructions



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 #:

Reorder Form LCD-8 01/07

2. Article Number

7110 6605 9590 0013 1855

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES enter delivery address below: ☐ No

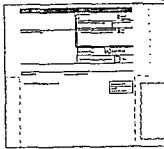
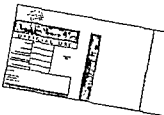
3. Service Type

☒ Certified

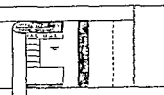
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0013 1855

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES enter delivery address below: ☐ No

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

Batch #: 2202
Article #: 71106605959000131855
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
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(Certified Mail Only, No Insurance Coverage Provided)
For more information, visit our web site 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	\$0.00		
	\$	\$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

PS 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		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1862		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
WHITNEY CLAIRE RILEY 1712 W MAIN, APT 6 HOUSTON, TX 77098-3636		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

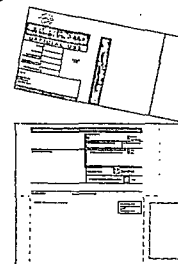


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

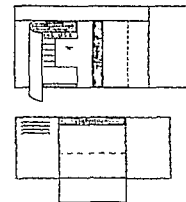
Lisa Hunter, Land Department
SJBUC ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

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

1 SEPARATE AT PERFORATION



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





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7110 6605 9590 0013 3217	
Postage	
Certified Fee	\$0.44
Return Receipt Fee (Endorsement Required)	\$2.80
Restricted Delivery Fee (Endorsement Required)	\$2.30
Total Postage & Fees	\$0.00
Total \$5.54	
ent To WILFRED REEVES JOHNSON PO BOX 7507 THE WOODLANDS, TX 77387	
Form 3800, August 2005 See Reverse for Instructions	



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	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: WILFRED REEVES JOHNSON PO BOX 7507 THE WOODLANDS, TX 77387	

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

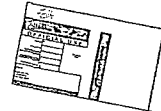
Lisa Hunter, Land Department
SJBu ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2269
Article #: 71106605959000133217
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Code:
Code2:
File #:
Internal File #:
Internal Code #:

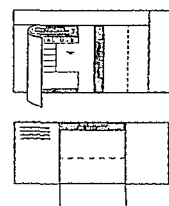
3

LIFT HERE

1 SEPARATE AT PERFORATION



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





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	

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

WILFRED REEVES JOHNSON
PO BOX 7507
THE WOODLANDS, TX 77387

Form 3800, August 2006 See Reverse for Instructions

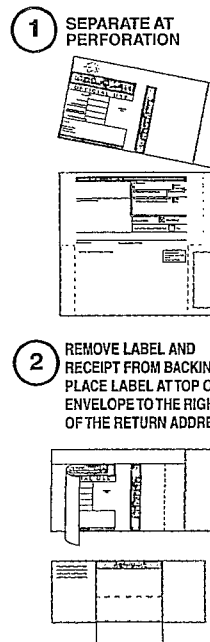


7110 6605 9590 0013 3729

WILFRED REEVES JOHNSON
PO BOX 7507
THE WOODLANDS, TX 77387

Batch #: 2272
Article #: 7110605959000133729
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3729		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
WILFRED REEVES JOHNSON PO BOX 7507 THE WOODLANDS, TX 77387		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	



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Domestic Return Receipt

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USPS
Permit No. G-10

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

Batch #: 2272
Article #: 7110605959000133729
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

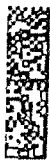
3

LIFT HERE



7110 6605 9590 0013 1954

0006557587 SEP01 2010
MAILED FROM ZIP CODE 87402



UNCLAIMED

UNCLAIMED

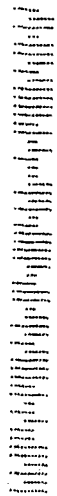
WILLIAM D NORDHAUS
C/O RBC-DAN-RAUSCHER
6301 UPTOWN BLVD NE STE 100
ALBUQUERQUE, NM 87449

12
9-10-10

1st NOTICE _____
2nd NOTICE _____
RETURNED _____

forward to: 445 humphrey st
new haven ct 06511-3710
remailed 9/30/10

9/25





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

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

Form 3800, August 2006, 1 See Reverse for Instructions

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 #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1954	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM D NORDHAUS C/O RBC DAIN RAUSCHER 6301 UPTOWN BLVD NE STE 100 ALBUQUERQUE, NM 87110	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

Domestic Return Receipt

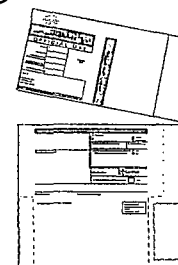
UNITED STATES POSTAL SERVICE



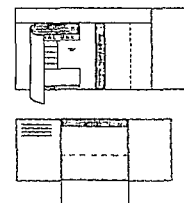
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Postage & Fees Paid
USPS
Permit No. G-10

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

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
I LET HERE

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



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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 Edition 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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1961	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM D RAWSON PO BOX 130443 HOUSTON, TX 77219-0443	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

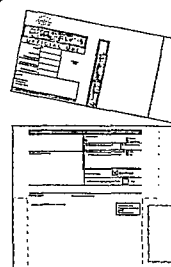


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

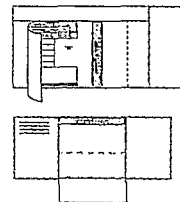
Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

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

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



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

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

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

Form 3800, August 2005 See Reverse for Instructions

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 #:

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 ☐ Addressee
X

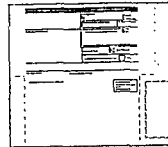
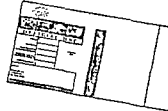
B. Received by (Printed Name) C. Date of Delivery

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

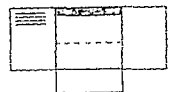
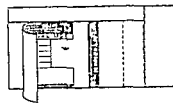
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 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 ☐ Addressee
X

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

3

LIFT HERE

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

ConocoPhillips

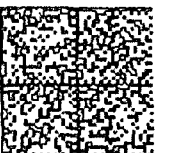
7110 6605 9590 0013 4085

FWD

WILLIAM IRVIN LAYLAND
33957 E SMOKETREE LN
PARKER, AZ 85344



Returned
10/23/10
Postage
Paid
Office



UNITED STATES
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Remailed
10/4/10
OK



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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	

Return To: **WILLIAM IRVIN LAYLAND**
33957 E SMOKETREE LN
PARKER, AZ 85344

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

PS Form 3800, August 2006, See Reverse for Instructions



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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 4085	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM IRVIN LAYLAND 33957 E SMOKETREE LN PARKER, AZ 85344	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

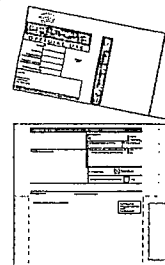
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

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

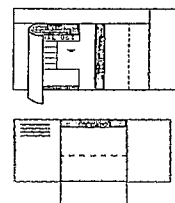
3

LIFT HERE

1 SEPARATE AT PERFORATION



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





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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	

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

WILLIAM J HINES III
PO BOX 873402
WASILLA, AK 99687

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2012

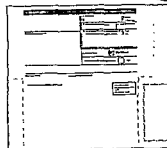
WILLIAM J HINES III
PO BOX 873402
WASILLA, AK 99687

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

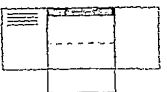
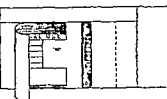
Reorder Form LCD-81 01/07

2. Article Number 7110 6605 9590 0013 2012	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: WILLIAM J HINES III PO BOX 873402 WASILLA, AK 99687	
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 2012	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>William J Hines III</i> B. Received by (Printed Name) <i>Wm J Hines III</i> C. Date of Delivery <i>9-13-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: WILLIAM J HINES III PO BOX 873402 WASILLA, AK 99687	
Code: Allocation Project - D.Howell	

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



7110 6605 9590 0013 2029

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

ent To

street, Apt. No.,
PO Box No.
ity, 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		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2029		A. Signature X ☐ Agent ☐ Addressee	
		B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
WILLIAM LOUIS DAVANT PO BOX 214 BLESSING, TX 77419		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



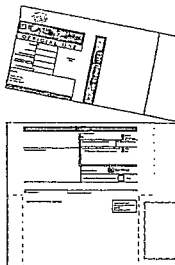
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

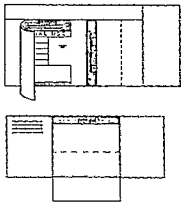
Batch #: 2206
Article #: 71106605959000132029
Date/Time: 8/31/2010 1:36:08 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3
LIFT HERE

1 SEPARATE AT PERFORATION



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





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7110 6605 9590 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	

Send 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

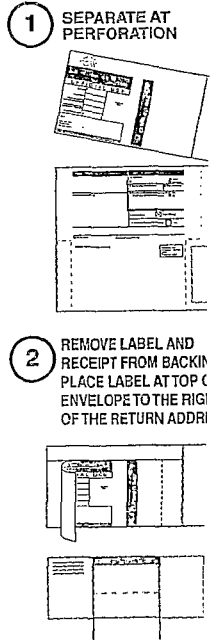


7110 6605 9590 0013 4092

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 #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 4092	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM MICHAEL MYATT 3610 FARM LAND CT GRANBURY, TX 76048	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 4092	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM MICHAEL MYATT 3610 FARM LAND CT GRANBURY, TX 76048	D. Is 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 #:



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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	
		\$0.00	
Total Postage & Fees	\$	\$6.15	

ent To

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

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2036

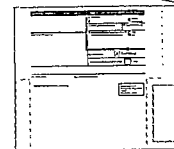
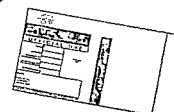
WILLIAM P RABB TESTAMENTARY TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

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

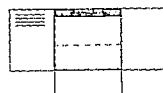
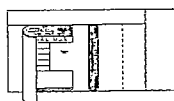
Reorder Form LCD-8 v. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2036	A. Signature X ☐ Agent ☐ 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? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2036	A. Signature X ☐ Agent ☐ 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? ☐ 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 #: 71106605959000132036
Date/Time: 8/31/2010 1:36:08 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 2043

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

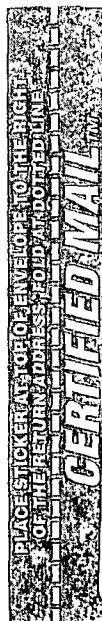
ent To

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

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

Code: Allocation Project - D.Howell

Form 3800, August 2008, See Reverse for Instructions



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 #:

Reorder Form LCD-8, Rev. 01/07

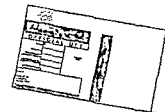
2. Article Number 7110 6605 9590 0013 2043	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: WILLIAM P SUTTER REVOCABLE TRUST 312 BRIDLE PATH CIRCLE OAK BROOK, IL 60523	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

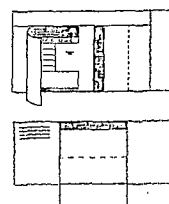
2. Article Number 7110 6605 9590 0013 2043	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: WILLIAM P SUTTER REVOCABLE TRUST 312 BRIDLE PATH CIRCLE OAK BROOK, IL 60523	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



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

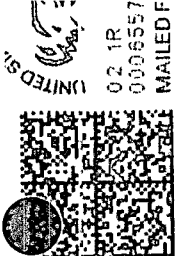
San Juan Bus Unit
PO Box 428
Farmington NM 87401-4289

Conocophips

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

7170 6605 9590 0013 2050

7/10/01



721

9/18/10

9/18/10

9/27/10

WILLIAM R ARCHER JR 2003 GRANTOR TR
3021 NORTH EDISON ST
ARLINGTON, VA 22202

- ☐ Not Deliverable
☐ Unable To Forward
☐ Insufficient
☐ M-
☐ Attempted - Not Known
☐ No Such Street ☐ Number
☐ Vacant ☐ Illegible
☐ Box Closed - No Order
☐ Returned For Better Address
☐ Postage Due



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7110 6605 9590 0013 3224	
Postage	
Certified Fee	\$0.44
Return Receipt Fee (Endorsement Required)	\$2.80
Restricted Delivery Fee (Endorsement Required)	\$2.30
Total Postage & Fees	\$0.00
Postmark Here	
ent To	
WILLIAM SWINFORD	
LANIER FAM MNRL CTRL AG MA076	
PO BOX 1600	
SAN ANTONIO, TX 78296	
PS Form 3800, August 2006 See Reverse for Instructions	

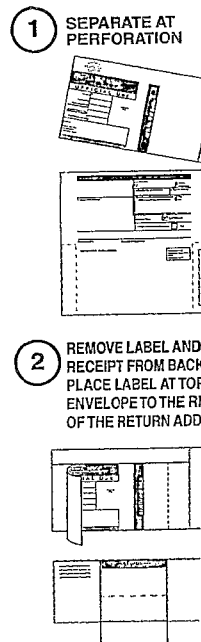


7110 6605 9590 0013 3224

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
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 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
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
3. Service Type ☒ Certified	
4. Restricted Delivery? (Extra Fee) ☐ Yes	

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



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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	
		\$0.00	
Total Postage & Fees	\$	\$6.15	

Ant To

reet, Apt. No.;
PO Box No.
ity, 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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2067	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM S RABB PO BOX 19186 BOULDER, CO 80308-2186	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

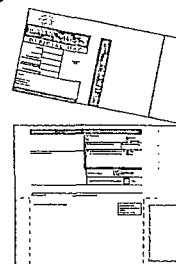
Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

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

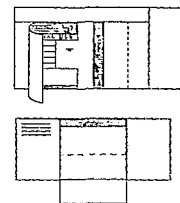
3

LIFT HERE

1 SEPARATE AT PERFORATION



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





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7110 6605 9590 0013 2074

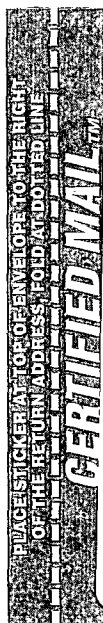
Postage	\$		Postmark Here
Certified Fee		\$1.05	
Return Receipt Fee (Endorsement Required)		\$2.80	
Restricted Delivery Fee (Endorsement Required)		\$2.30	
Total Postage & Fees	\$	\$6.15	

sent To

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

WILLIAM SIEGENTHALER JR
112 S WATSON AVE
ARTESIA, NM 88210

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2074

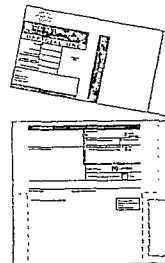
WILLIAM SIEGENTHALER JR
112 S WATSON AVE
ARTESIA, NM 88210

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

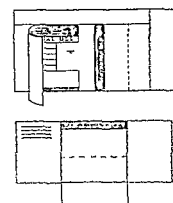
Reorder Form LCD-8
v. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2074	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM SIEGENTHALER JR 112 S WATSON AVE ARTESIA, NM 88210	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2074	A. Signature X <i>Bill Siegenthaler</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Bill Siegenthaler</i> <i>9-3</i>
WILLIAM SIEGENTHALER JR 112 S WATSON AVE ARTESIA, NM 88210	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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7110 6605 9590 0013 2081

Postage	\$	
Certified Fee	\$1.05	
Return Receipt Fee (Indorsement Required)	\$2.80	
Restricted Delivery Fee (Indorsement 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 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	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: WILLIAM SIMPSON TRUST DTD 12-17-79 30 N LASALLE STE 1232 CHICAGO, IL 60602-3344	
Code: Allocation Project - D.Howell	

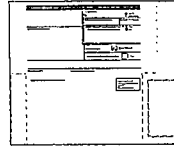
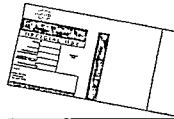
PS Form 3811

2. Article Number 7110 6605 9590 0013 2081	COMPLETE THIS SECTION ON DELIVERY A. Signature X D Coy ☐ Agent ☒ Addressee B. Received by (Printed Name) D. COY C. Date of Delivery 9/7/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
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	

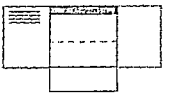
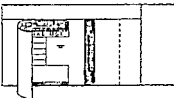
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



3

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

LIFT HERE



7110 6605 9590 0013 2098

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

WILLIAM W BRAMLETT
PO BOX 132255
SPRING, TX 77393

Form 3800, August 2009 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 #:

2. Article Number
7110 6605 9590 0013 2098

1. Article Addressed to:

WILLIAM W BRAMLETT
PO BOX 132255
SPRING, TX 77393

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

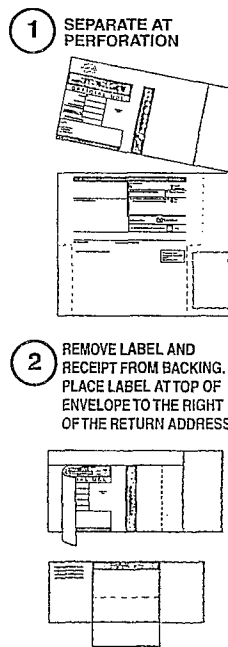
A. Signature ☐ Agent
X ☐ Addressee

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



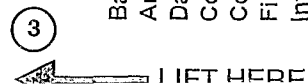
PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

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USPS
Permit No. G-10

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

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





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7110 6605 9590 0013 2104

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

ent To

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

WILLIAM WARREN COOPER
233 LAZY HOLLOW LN
LIVINGSTON, TX 77351

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2104

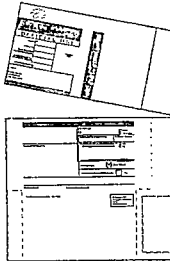
WILLIAM WARREN COOPER
233 LAZY HOLLOW LN
LIVINGSTON, TX 77351

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

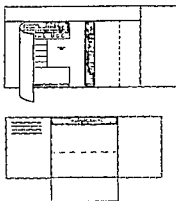
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2104	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM WARREN COOPER 233 LAZY HOLLOW LN LIVINGSTON, TX 77351	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2104	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM WARREN COOPER 233 LAZY HOLLOW LN LIVINGSTON, TX 77351	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



7110 6605 9590 0013 2111

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

Postmark Here

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2111

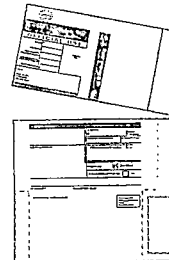
WILLIAMS PRODUCTION COMPANY
ATTN: BARBARA BURNETT
PO BOX 3102
TULSA, OK 74101

Batch #: 2206
Article #: 71106605959000132111
Date/Time: 8/31/2010 1:36:08 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

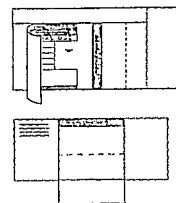
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2111	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAMS PRODUCTION COMPANY ATTN: BARBARA BURNETT PO BOX 3102 TULSA, OK 74101	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2111	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAMS PRODUCTION COMPANY ATTN: BARBARA BURNETT PO BOX 3102 TULSA, OK 74101	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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7110 6605 9590 0013 2128

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

Postmark
Here

ent To

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

WILLIS R. MOULTON
ONE CRESTHILL DRIVE
BOONTON, NJ 7005

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
01/07

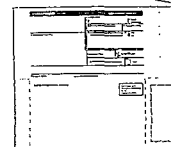
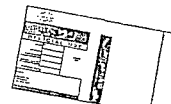
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2128	A. Signature X	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
4. Restricted Delivery? (Extra Fee) ☐ Yes		

Code: Allocation Project - D.Howell

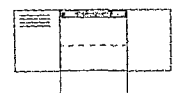
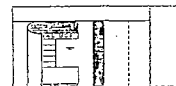
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2128	A. Signature X <i>Moulton</i>	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery 9/12/10
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
4. Restricted Delivery? (Extra Fee) ☐ Yes		

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



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

3

LIFT HERE



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7110 6605 9590 0013 2142

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

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

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

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2142

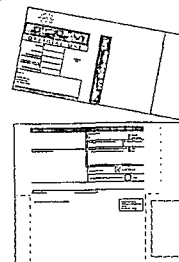
WINTERGREEN ENERGY CORP
ROCKWALL EXEC CENTER
500 TURTLE COVE STE 120
ROCKWALL, TX 75087

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

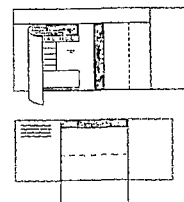
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2142	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WINTERGREEN ENERGY CORP ROCKWALL EXEC CENTER 500 TURTLE COVE STE 120 ROCKWALL, TX 75087	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2142	A. Signature X <i>Sandy Jarecki</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>SANDY JARECKI</i> <i>9-7-10</i>
WINTERGREEN ENERGY CORP ROCKWALL EXEC CENTER 500 TURTLE COVE STE 120 ROCKWALL, TX 75087	D. Is 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 #:

3



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7110 6605 9590 0013 2159

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

WOODBINE FINANCIAL CORP
PO BOX 52296
TULSA, OK 74152

PS Form 3811, August 2005 PSN 7530-01-000-9000 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

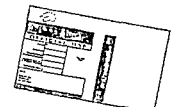
2. Article Number 7110 6605 9590 0013 2159	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
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1. Article Addressed to:

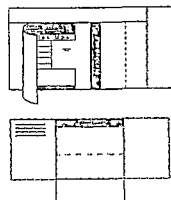
WOODBINE FINANCIAL CORP
PO BOX 52296
TULSA, OK 74152

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 2159	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Valerie Knott</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Valerie Knott</i> C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	--

1. Article Addressed to:

WOODBINE FINANCIAL CORP
PO BOX 52296
TULSA, OK 74152

Code: Allocation Project - D.Howell

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



U.S. Postal Service
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PS Form 3811, October 2005 Edition

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

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

Form 3811, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2166

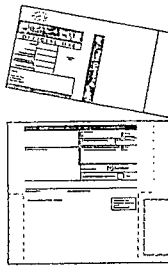
WOOLLEY FAMILY TRUST DTD 3/2/2005
3900 CONNECTICUT APT 101-G
WASHINGTON, DC 20008

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

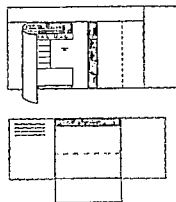
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2166	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WOOLLEY FAMILY TRUST DTD 3/2/2005 3900 CONNECTICUT APT 101-G WASHINGTON, DC 20008	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2166	A. Signature X <i>W. Howell</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WOOLLEY FAMILY TRUST DTD 3/2/2005 3900 CONNECTICUT APT 101-G WASHINGTON, DC 20008	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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7110 6605 9590 0013 2173

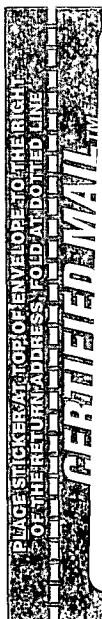
Postage	\$		Postmark Here
Certified Fee	\$1.05		
Return Receipt Fee (Endorsement Required)	\$2.80		
Restricted Delivery Fee (Endorsement Required)	\$2.30		
	\$0.00		
Total Postage & Fees	\$	\$6.15	

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

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

Form 3811, August 2016 PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2173

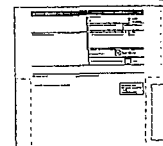
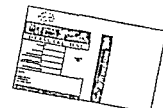
WORTH D WARE JR ESTATE
C/O JERRY DENMAN CPA
1260 PIN OAK RD STE 200
KATY, TX 77494

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

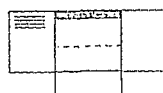
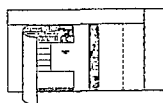
Reorder Form LCD-8 v. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2173	A. Signature X	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
1. Article Addressed to:	4. Restricted Delivery? (Extra Fee) ☐ Yes	
WORTH D WARE JR ESTATE C/O JERRY DENMAN CPA 1260 PIN OAK RD STE 200 KATY, TX 77494		
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2173	A. Signature X <i>Shirley M. Bennett</i>	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery 9/1/10
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
1. Article Addressed to:	4. Restricted Delivery? (Extra Fee) ☐ Yes	
WORTH D WARE JR ESTATE C/O JERRY DENMAN CPA 1260 PIN OAK RD STE 200 KATY, TX 77494		
Code: Allocation Project - D.Howell		

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

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7110 6605 9590 0013 2203

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

Postmark
Here

ent To

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

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



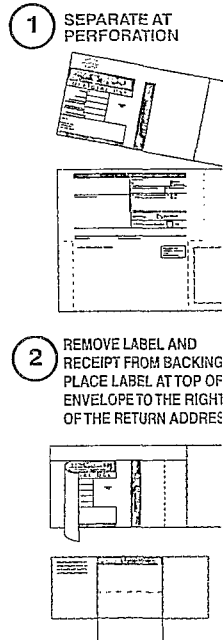
7110 6605 9590 0013 2203

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 #:

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

PS Form 3811



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

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



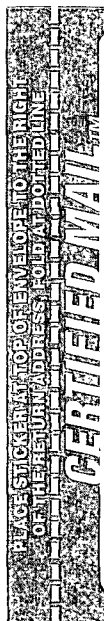


7110 6605 9590 0013 1879

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	

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

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

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

Form 3800, August 2006 See 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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES enter delivery address below: ☐ No

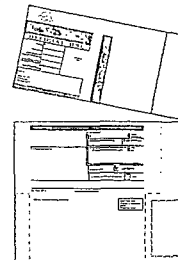
3. Service Type

☒ Certified

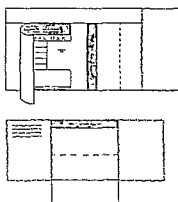
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0013 1879

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES enter delivery address below: ☐ No

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

3



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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.
ity, 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

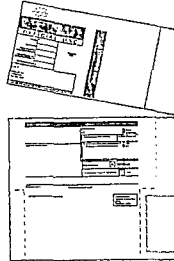
WILLADEAN HIRSCH
14143 W DESERT GLEN DR
SUN CITY WEST, AZ 85375

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

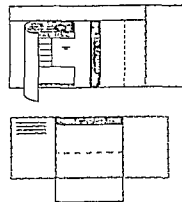
Reorder Form LCD-8 Rev. 01/07

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

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1886	A. Signature X <i>Willadean Hirsch</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) W. Hirsch	C. Date of Delivery 9/10/10
WILLADEAN HIRSCH 14143 W DESERT GLEN DR SUN CITY WEST, AZ 85375	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☐ No
Code: Allocation Project - D.Howell	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ 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 #:



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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	
Total Postage & Fees	\$ 6.15	

ent To
street, Apt. No.,
PO Box No.
ity, 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 #:

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

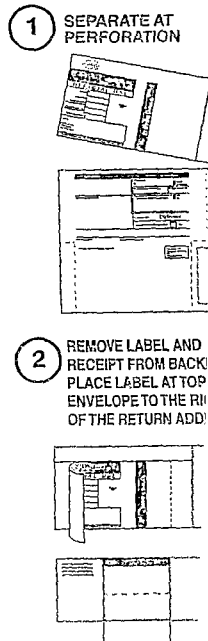
A. Signature ☒ Agent
X ☐ Addressee

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 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
X *Hardie* ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Hardie *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 #: 71106605959000131893
Date/Time: 8/31/2010 1:28:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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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	

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PO Box No.
City, State, Zip+4

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



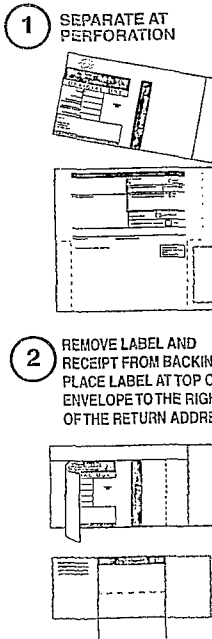
7110 6605 9590 0013 1909

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 #:

Reorder Form LCD-8 v. 01/07

2. Article Number 7110 6605 9590 0013 1909	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: WILLIAM B LANDSHEFT 15880 S PEORIA RT 6 BIXBY, OK 74008-5221 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0013 1909	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery William Landsheft 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
1. Article Addressed to: WILLIAM B LANDSHEFT 15880 S PEORIA RT 6 BIXBY, OK 74008-5221 Code: Allocation Project - D.Howell	

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





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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	
Total Postage & Fees	\$ 6.15	

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

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

Print 3800, August 2005. See Reverse for Instructions

Code: Allocation Project - D.Howell



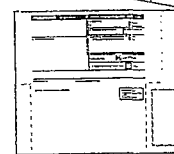
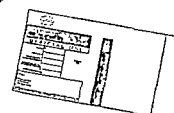
7110 6605 9590 0013 1916

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

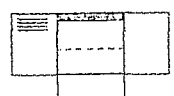
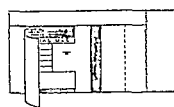
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Article #: 71106605959000131916
Date/Time: 8/31/2010 1:28:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1916	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM BRIGGS C/O REYNOLDS HIX & CO 6729 ACADEMY RD NE STE D ALBUQUERQUE, NM 87109	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1916	A. Signature X <i>Cheryl Good</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Cheryl Good</i> <i>9/3/10</i>
WILLIAM BRIGGS C/O REYNOLDS HIX & CO 6729 ACADEMY RD NE STE D ALBUQUERQUE, NM 87109	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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

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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	
Total Postage & Fees	\$ 6.15	

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

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

PS Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



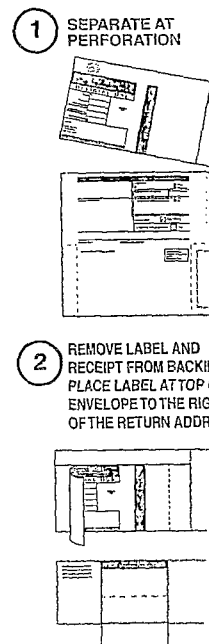
7110 6605 9590 0013 1923

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-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1923	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM CHARLES BANZHOF 2186 CAMINO CHRISTINA ALPINE, CA 91901-3223	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1923	A. Signature X <i>P. M. Banzhof</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Pamela Banzhof</i> <i>9-9-10</i>
WILLIAM CHARLES BANZHOF 2186 CAMINO CHRISTINA ALPINE, CA 91901-3223	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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





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7110 6605 9590 0013 1930

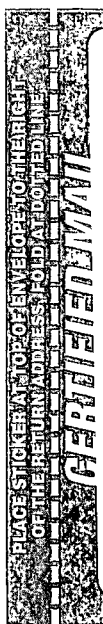
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1930

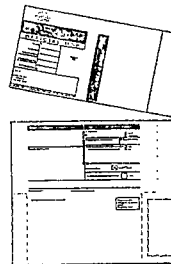
WILLIAM CLAY MCCORD
PO BOX 840738
DALLAS, TX 75284-0738

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

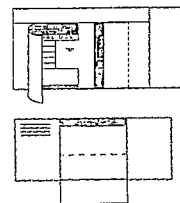
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1930	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM CLAY MCCORD PO BOX 840738 DALLAS, TX 75284-0738	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1930	A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery SEP 07 2010
WILLIAM CLAY MCCORD PO BOX 840738 DALLAS, TX 75284-0738	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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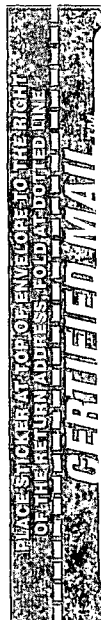
7110 6605 9590 0013 1978

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 FIELDING DAVENPORT
PO BOX 2465
ALVIN, TX 77512-2465

Code: Allocation Project - D.Howell



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 #:

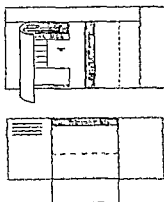
Reorder Form LCD-8-01/07

2 Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1978	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM FIELDING DAVENPORT PO BOX 2465 ALVIN, TX 77512-2465	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2 Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1978	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM FIELDING DAVENPORT PO BOX 2465 ALVIN, TX 77512-2465	WILLIAM DAVENPORT 9-9-10
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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7110 6605 9590 0013 1985

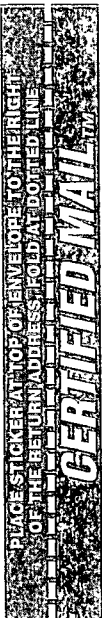
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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



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

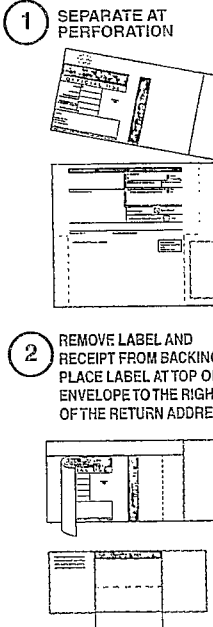
A. Signature ☐ Agent ☒ Addressee
X

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 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 ☒ Addressee
X

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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

WILLIAM HAUSER
PO BOX 911
MONTICELLO, IN 47960

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

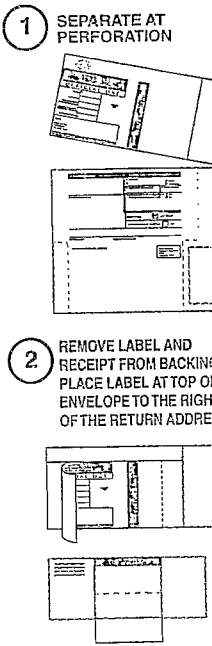
A. Signature ☐ Agent ☒ Addressee
X

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 1992

1. Article Addressed to:

WILLIAM HAUSER
PO BOX 911
MONTICELLO, IN 47960

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

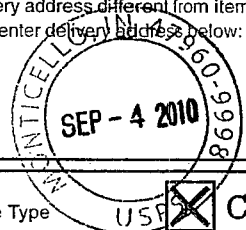
A. Signature ☐ Agent ☒ Addressee
X *William Hauser*

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

D. Is 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
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File #:
Internal File #:
Internal Code #: