

PS Form 3811, February 2004
Domestic Return Receipt
102595-02-M-1540

2. Article Number
(Transfer from s)
7008 3230 0003 0729 5896
CRFB

DOCUMENT NO.: SDWA-08-2011-0024

XTO Energy, Inc.
2180 South 1300 East, Suite 650
Salt Lake City, UT 84106

1. Article Addressed to:
FEB 18 2011

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *T Casper*

C. Date of Delivery *2-28-11*

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

3. Service Type
 Certified Mail
 Express Mail
 Registered
 Return Receipt for Merchandise
 Insured Mail
 C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

FEB 28 2011

PS Form 3800, August 2006
See Reverse for Instructions

7008 3230 0003 0729 5896

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

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

OFFICIAL USE
CRFB

Postage \$				
Certified Fee				
Return Receipt Fee (Endorsement Required)				
Restricted Delivery Fee (Endorsement Required)				

Total Pos

XTO Energy, Inc.
2180 South 1300 East, Suite 650
Salt Lake City, UT 84106

Street, Apt. or PO Box 1
City, State, ZIP+4

DOCKET NO.: SDWA-08-2011-0024

Postmark Here *01/17/2011*

PS Form 3811, February 2004
Domestic Return Receipt

102595-02-M-1540

2. 7008 3230 0003 0729 5902

(Transfer from Service Label)

DOCKET NO.: SDWA-08-2011-0024

Roosevelt, UT 84066
978 North Crescent Road
XTIO Energy, Inc.
Ron Secrest, Regulatory Coordinator

1. Article Addressed to: **FEB 18 2011**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Ron Secrest* Agent
B. Received by (Printed Name) *Ron Secrest* Addressee
C. Date of Delivery

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

3. Service Type
 Certified Mail
 Registered
 Insured Mail
 C.O.D.
 Express Mail
 Return Receipt for Merchandise

4. Restricted Delivery? (Extra Fee) Yes No

OFFICIAL MAIL

FEB 28 2011
ROOSEVELT UT 84066

PS Form 3800, August 2006
See Reverse for Instructions

7008 3230 0003 0729 5902

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL MAIL

Postage \$ *2/17/2011*

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage

Sent to
 Ron Secrest, Regulatory Coordinator
 XTIO Energy, Inc.
 978 North Crescent Road
 Roosevelt, UT 84066

Street, Apt. or PO Box
 Docket NO.: SDWA-08-2011-0024

City, State, and ZIP Code