

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

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**OFFICER** *D. J. [unclear]*

<b>Postage</b>		<b>Postmark Here</b>  <i>10/10/07</i>
<b>Certified Fee</b>		
<b>Return Receipt Fee</b> <small>(Endorsement Required)</small>		
<b>Restricted Delivery Fee</b> <small>(Endorsement Required)</small>		

**Total Post: James Rooney**  
 Pendragon Energy Partners, Inc.  
 413 Wall Street, Suite 1411  
 Midland, TX 79701

**DOCKET NO.: SDWA-08-2007-0084**

PS Form 3811, June 2003 See Reverse for restrictions

7005 1820 0005 4855 8770

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p><b>A. Signature</b>  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p><b>B. Received by (Printed Name)</b> <i>Christy Rojas</i>      <b>C. Date of Delivery</b> <i>10/16</i></p> <p><b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes        if YES, enter delivery address below: <input type="checkbox"/> No</p>
<p><b>1. Article Addressed to:</b></p> <p>James Rooney          Pendragon Energy Partners, Inc.          413 Wall Street, Suite 1411          Midland, TX 79701</p> <p><b>DOCKET NO.: SDWA-08-2007-0084</b></p>	<p><b>3. Service Type</b></p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p> <p><b>4. Restricted Delivery? (Extra Fee)</b> <input type="checkbox"/> Yes</p>
<p><b>2. Article (For)</b> <i>SRC</i>      <i>OCT 10 2007</i>      <i>B</i></p> <p style="font-size: 1.2em; font-weight: bold;">7005 1820 0005 4855 8770</p> <p style="text-align: right; font-size: 1.2em; font-weight: bold;"><i>Order Extension</i></p>	<p style="font-size: 0.8em;"><small>PS Form 3811, February 2004      Domestic Return Receipt      102500-02-00-1040</small></p>

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OFFICIAL USE

10/10/07

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

**To:** Reid A. Godbolt, Registered Agent  
 Pentagon Energy Partners, Inc.  
 1625 Broadway, 10<sup>th</sup> Floor  
 Denver, CO 80202

**FROM:** \_\_\_\_\_

**ORIGIN:** \_\_\_\_\_

**DOCKET NO.:** SDWA-08-2007-0084

PS Form 3811, February 2004 Domestic Return Receipt

7005 1620 0005 4855 8831

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Reid A. Godbolt, Registered Agent          Pentagon Energy Partners, Inc.          1625 Broadway, 10<sup>th</sup> Floor          Denver, CO 80202</p> <p style="margin-left: 40px;"><b>DOCKET NO.:</b> SDWA-08-2007-0084</p>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><i>X</i> <u>Domingo Ramos</u></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p style="text-align: center; font-size: 1.5em;">OCT 11 2007</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article (Name) <span style="float: right;">89C      OCT 10 2007      C</span></p> <p style="text-align: right; font-size: 1.2em;">7005 1620 0005 4855 8831</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered        <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p style="font-size: 1.5em; font-weight: bold;">Extension</p>	