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Pat Horning, Land Technician
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Certified Mail Article

7008 1830 0003 4169 9803

January 22, 1010

Mr. Walter Jones
Chevron North American Exploration and Production Company
(a Chevron U.S.A. Division)
1400 Smith Street Room 42133
Houston, Texas 77002

Re: **Advanced Notice of Drilling Operations, 34L Pad**
Township 7 South, Range 95 West, 6th P.M.
Section 34: NWSW
Garfield County, Colorado

Battlement Mesa 34-13B	Battlement Mesa 34-14C	Battlement Mesa 34-24A
Battlement Mesa 34-13C	Battlement Mesa 34-14D	Battlement Mesa 34-24B
Battlement Mesa 34-13D	Battlement Mesa 34-23B	Battlement Mesa 34-24C
Battlement Mesa 34-14A	Battlement Mesa 34-23C	Battlement Mesa 34-24D
Battlement Mesa 34-14B	Battlement Mesa 34-23D	

Dear Walter Jones:

Pursuant to Rule 305.(1).B of the Rules and Regulations of the Colorado Oil and Gas Conservation Commission ("COGCC"), Noble Energy, Inc. ("Noble") hereby gives notice to you that it intends to commence operations for the drilling of a well or wells for oil and or for gas on the referenced lands no sooner than April 22, 2010. You may submit comments to the Director of the COGCC as provided by on their website.

The attached plats illustrate the area, per COGCC, within which the wells may be located. Also the plats reflect the proposed access road, production facilities and pipelines. If you wish to schedule an onsite consultation pursuant to Rule 306 to discuss any of these facilities please fill out the enclosed prepaid postcard. This postcard must be returned to Noble within ten (10) days from the date of this letter.

Prior to commencing operations, as surface owner you have the responsibility for notifying any affected tenant. Please find a copy of the COGCC's brochure describing surface owner rights and policy for onsite inspections.

Our field Landmen, Jim Kirkpatrick or Frank Jimenez may be contacted at (970) 625-1494, Noble Energy Inc. 800 Airport Road, Suite 3, Rifle, CO 81650. Please feel free to call them for any questions you may have regarding this notice. Thank you for your support of our exploration program.

Sincerely,

Pat Horning

Pat Horning
Land Technician

cc: Jim Kirkpatrick
Frank Jimenez

Enclosures: Plats, Consultation Postcard, COGCC Brochure

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

CERTIFIED MAIL™



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or PO Box No.
City, State, ZIP+4

Mr. Walter Jones
Chevron North American Exploration
and Production Company (a Chevron USA Div.)
1400 Smith Street Room 42133
Houston, Texas 77002

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Mr. Walter Jones Chevron North American Exploration and Production Company (a Chevron USA Div.) 1400 Smith Street Room 42133 Houston, Texas 77002</p>	<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</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 Number (Transfer from service label)</p> <p>7008 1830 0003 4169 9803</p>	<p>Type</p> <p><input 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>

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

Surface Owner: Chevron 1400 Smith Street Room 42133
Phone No. 713-372-3463
Well Name(s): BM 34-13 BCD BM 34-14 ABCD BM 34-23 BCD
BM 34-24 ABCD
Check appropriate box(es):

- ☐ I do not want a consultation.
- ☐ I do want to be consulted concerning proposed operations.
- ☐ I want to appoint a Tenant to be consulted.

Tenant
Name: _____
Phone No. _____
Address: _____