



Augustus Energy Partners, LLC  
Attn: Duane Zimmerman, V.P. Operations  
2016 Grand Avenue, Suite A  
Billings, CO 59102

VIA E-MAIL

RE: NOTICE OF THE INTENT TO DRILL  
Augustus WDW 14-22 2S45W SWSW/4  
Yuma County, Colorado

Dear Mr. Zimmerman,

This letter is to advise you, as Surface Owner it is our intent to commence drilling operations for an injection well in the above referenced location. A company representative will contact you prior to our moving onto location for a surface owner consultation per COGCC Rule 306. If you have a tenant leasing this location, please notify them of this operation. Should you and/or your tenant desire to be present during the staking process, please contact Loni Davis at the Wray office @ 970-332-3585. If you are not the Surface Owner of the Southwest of the Southwest quarter of Section 22, Township 2 South, Range 45 West, we ask that you please notify this office immediately so that the proper land owner may be notified.

The proposed injection formation(s) will be the Dakota, Lakota and/or Morrison. Total depth will be approximately 3,900 ft.

Colorado State rules require a thirty (30) day notice to landowners prior to commencement of drilling operations. COGCC Rule 305 gives you the right to request an onsite inspection by a Local Government Designee and must be received by the COGCC within 10 business days of the first day of the Rule 306 Consultation. Mr. Gary Timmer will contact you for a surface owner consultation per COGCC Rule 306. Augustus Energy Partners, LLC is requesting a waiver from you to disallow this time restriction on both the 30 days notice and the onsite inspection. Should you agree to waive these, please sign, date and return this document to the above referenced address. For your convenience, a self addressed, stamped envelope is enclosed.

Please find attached a drawing of the proposed location to include placement of pipelines and facilities. We are also requesting a waiver of COGCC rule 305e(1)A which requires us to forward to you the Form 2A, the major equipment list; A plat showing visible improvements within 400' of location and the topo map showing surface waters and riparian areas within 1000' of location. Once we are notified by the COGCC that the Form 2A is complete we will notify you of the Location Assessment # so you may review the document and all attachments on the COGCC website and post any comments to the Director at <http://cogcc.state.co.us/>.

If you have any questions regarding this information, please do not hesitate to contact me. Enclosed is a pamphlet from the Colorado Oil and Gas Conservation Commission that explains many of the rules and regulations that apply to operators regarding surface owners and tenants and the Onsite Inspection request form. Your time and assistance regarding this matter is greatly appreciated.

Very truly yours,

Augustus Energy Partners, LLC

*Loni J. Davis*

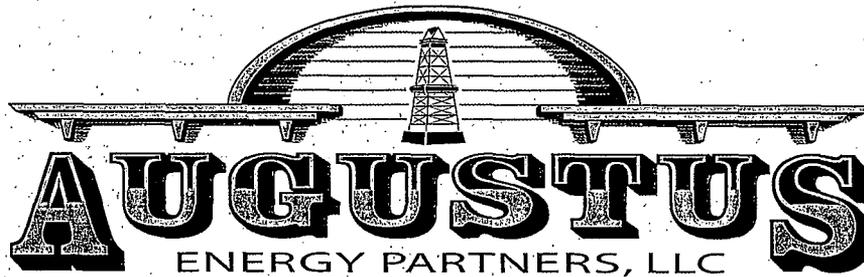
Loni J. Davis  
Operations Accounting and Regulatory Specialist

I, Daniel Zimmerman as Surface Owner of the above referenced property, do hereby waive the thirty (30) day rule for notification prior to commencement of drilling operation.  Yes  No. And do hereby waive the Onsite inspection  Yes,  No. And do hereby waive the receipt of documents under COGCC rule 305 e.(1) A  Yes,  No. And I do  do not  wish to receive the Location Assessment # for review. By signing below, I acknowledge that upon receipt of this letter Augustus Energy Partners, LLC may proceed with drilling at their discretion.

Daniel Zimmerman  
Surface Owner

5/14/10  
Date

cc: COGCC  
AEP Well File



May 14, 2010

Richard W. and Iona F. Sigmon  
Life Estate  
115 E. Beatty  
Yuma, CO 80759

VIA CERTIFIED MAIL  
ARTICLE NO 7005.3110 0003 1597 9801

RE: NOTICE OF INTENT TO DRILL  
Augustus WDW 14-22 2S45W  
SWSW/4 SEC 22-T2S-R45W, 6<sup>th</sup> PM  
Yuma County, Colorado

To Whom It May Concern:

This is a notice, pursuant to the requirements stated in the Colorado Oil & Gas Conservation Commission (COGCC) Rules and Regulations 325 (i) of our intent to permit a water disposal well. The proposed well, the Augustus WDW 14-22 2S45W, will be located in the SWSW/4 of Section 22, Township 2-South, Range 45 West. The well will have an approximate total depth of 3,900 ft and will inject into the Dakota, Lakota and/or Morrison Formation(s).

Notices are sent to owners, as defined in §34-60-103(7) C.R.S. and operators of interest, as stated in the Rules and Regulations who can potentially be directly and adversely affected or aggrieved by the potential operation. Said persons may file within fifteen (15) days of notification a written request for a public hearing before the Commission, provided such request meets the protest requirements specified in Rule 325 (m).

All additional information on the proposed operation to drill a disposal well can be obtained from the Colorado Oil and Gas Conservation Commission. Your time and consideration is greatly appreciated.

Very truly yours,

Augustus Energy Partners, LLC

Loni J. Davis  
Operations Accounting and Regulatory Specialist

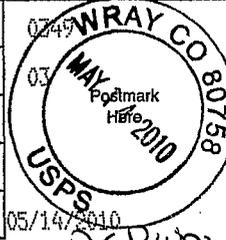
cc: COGCC  
Well File

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Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>



Sent To  
 Richard Sigman  
 Street, Apt. No.,  
 or PO Box No. 115 E. Beatty  
 City, State, ZIP+4 Yuma, CO 80759

PS Form 3800, June 2002 See Reverse for Instructions

7005 3110 0003 1597 9801

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>A. Signature                  X <i>Jona Sigman</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)                  JONA SIGMAN</p> <p>C. Date of Delivery                  5-15-10</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>1. Article Addressed to:                  Richard W. and                  Jona F. Sigman                  115 E. Beatty                  Yuma, CO 80759</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. 7005 3110 0003 1597 9801</p>	

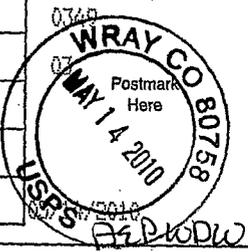
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7005 3110 0003 1597 9795

AKRON CO 80720 **OFFICIAL USE**

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Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>



Sent To  
 Rhonda Brenner  
 Street, Apt. No.,  
 or PO Box No. 215 Itea  
 City, State, ZIP+4  
 Akron, CO 80720

PS Form 3800, June 2002 See Reverse for Instructions.

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:  
 Rhonda Lee Brenner  
 215 Itea  
 Akron, CO 80720

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 x Rhonda Brenner  Agent  Addressee

B. Received by (Printed Name)  
 RHONDA BRENNER

C. Date of Delivery  
 5-17-10

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

2. 7005 3110 0003 1597 9795

7005 3110 0003 1597 9764

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**OFFICIAL USE**

Postage	\$	\$0.44
Certified Fee		\$2.80
Return Receipt Fee (Endorsement Required)		\$2.30
Restricted Delivery Fee (Endorsement Required)		\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$5.54</b>



Sent To  
 Coyote Alley, Inc.  
 Street, Apt. No.,  
 or PO Box No. 35984 County Road H.H.5  
 City, State, ZIP+4  
 Wray, CO 80758

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:  
 Coyote Alley, Inc.  
 A Colorado Corporation  
 35984 County Road H.H.5  
 Wray, CO 80758

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *David Bowling Field*  Agent  Addressee

B. Received by (Printed Name)  
*David Bowling Field*

C. Date of Delivery  
*5/15*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. 7005 3110 0003 1597 9764

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VERNON CO 80755 **OFFICIAL USE**

9771 1997 2651 0000 017E 5007

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Certified Fee		\$2.80
Return Receipt Fee (Endorsement Required)		\$2.30
Restricted Delivery Fee (Endorsement Required)		\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$5.54</b>



Sent To Justin Hardwick  
 Street, Apt. No., or PO Box No. 24493 County Rd. 19  
 City, State, ZIP+4 Vernon CO 80755

PS Form 3800, June 2002 See Reverse for Instructions

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>A. Signature                  X <u>Hardwick</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Hardwick</u> C. Date of Delivery <u>5/18/10</u></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>1. Article Addressed to:  <u>Justin K. Hardwick</u>  <u>24493 County Road 19</u>  <u>Vernon, CO 80755</u></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. <u>7005 3110 0003 1597 9771</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

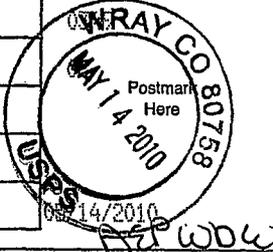
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7005 3110 0003 1597 9788

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Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>



Sent To  
 Clayton Poenisch  
 Street, Apt. No.,  
 or PO Box No. Box 277  
 City, State, ZIP+4  
 Ingleside TX 78362  
 PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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- 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.

1. Article Addressed to:  
 Clayton Poenisch and  
 Billie Nell  
 P.O. Box 277  
 Ingleside TX 78362

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 [Signature]  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 C. POENISCH 5/17/10

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. 7005 3110 0003 1597 9788