



May 14, 2010

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, 6th 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

7005 3110 0003 1597 9801

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

Postage	\$	\$0.44
Certified Fee		\$2.80
Return Receipt Fee (Endorsement Required)		\$2.30
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.54

0745 WRAY CO 80758
 03 MAY Postmark Hb10 2010
 USPS
 05/14/2010
 H2PWPW

Sent To
 Richard Sigmon
 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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature X Iona Sigmon <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) IONA SIGMON</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:</p> <p>Richard W. and Iona F. Sigmon 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>	

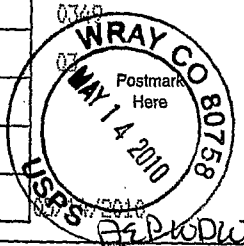
**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

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

AKRON CO 80720 **OFFICIAL USE**

Postage	\$ 0.44
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.54



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?

If YES, enter delivery address below:

☐ Yes

☒ 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 9795

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7005 3110 0003 1597 9764

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 WRAY CO 80758	
Postage	\$ 0.44
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.54

03 MAY 14 2010
 Postmark
 WRAY CO 80758
 USPS
 AZP WDW

Sent To Coyote Alley Inc. Street, Apt. No., or PO Box No. 35984 CR & HH.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 HH.5 Wray, CO 80758 2. 7005 3110 0003 1597 9764	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>David Ealing Field</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>David Ealing Field</i> C. Date of Delivery <i>5/15</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
---	---

7226 2651 0000 0110 5002

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

VERNON CO 80755

Postage	\$ 0.44
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.54

Postmark Here
 MAY 14 2010
 Wray CO 80758
 USPS
 05/14/2010
 RCP WDW

Sent To Justin Hardwick
 Street, Apt. No.,
 or PO Box No. 24493 County Road 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"> 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. 	<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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. <u>7005 3110 0003 1597 9771</u></p>	

7005 3110 0003 1597 9788

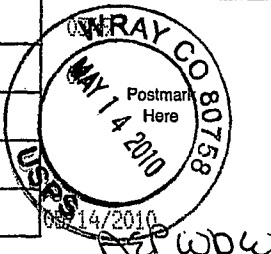
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

INGLESIDE TX 78362

OFFICIAL USE

Postage	\$ 0.44
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.54



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

- 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:

Clayton Poenisch and
 Billie Nell
 P.O. Box 277
 Ingleside TX 78362

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. POENISCH

C. Date of Delivery

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