



June 30, 2010

CERTIFIED MAIL

LaFarge Corporation  
ATTN Real Property Tax Manager  
10170 Church Ranch Way STE 200  
Westminster, CO 80021

Re: Notice of Intent to Conduct Surface Operations  
COOLEY 22-16 SW/4SW/4 COOLEY 14-16 SW/4SW/4  
COOLEY 11-16 SW/4SW/4 COOLEY 23-16 SW/4SW/4  
COOLEY 12-16 SW/4SW/4 COOLEY 35-16 SW/4SW/4  
COOLEY 13-16 SW/4SW/4  
Township 2N, Range 68W, Section 16  
Weld County, Colorado

Ladies and Gentlemen:

The Colorado Oil and Gas Conservation Commission ("COGCC") has adopted guidelines and procedures regarding oil and gas activities affecting the surface. These rules stipulate that an affected surface owner must be given advance notice in writing by an operator at least thirty (30) days prior to drilling an oil and gas well.

Kerr-McGee Oil and Gas OnShore LP ("KMG") intends to begin operations to drill the above captioned oil and gas well(s) upon approval of title, receipt of permits from the COGCC prior to June 09, 2011. As the surface owner, it is your responsibility to notify the tenant farmer, if applicable, of this proposed operation.

A site diagram of the proposed location of the well and any associated roads and production facilities is enclosed. Should you have any questions and/or concerns, please contact me at (303) 655-4350 or my cell at (970) 590-6249.

Very truly yours,  
**KERR-McGEE OIL AND GAS ONSHORE LP**

A handwritten signature in cursive script, appearing to read 'David Bell'.

David Bell  
Landman

I/we waive the 30 day notice referenced above and approve of the operations commencing upon KMG's receipt of the drilling permit.

\_\_\_\_\_  
:cl  
Enclosures

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,



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COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent  
☒ Addressee  
B. Received By (Printed Name) C. Date of Delivery

Delivery address different from item 1? ☐ 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. Article Number  
(Transfer from service label) 7009 3410 0000 2374 2646  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7009 3410 0000 2374 2677

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