



April 16, 2010

CERTIFIED MAIL

Jack and Vicki Pierson
15544 County Road 40
Platteville, CO 80651

Re: Notice of Intent to Conduct Surface Operations
PIERSON 22-34 PIERSON 18-34 PIERSON 21-34
PIERSON 27-34 PIERSON 28-34 PIERSON 29-34
Township 04N, Range 66W, Section 34 NW/4NE/4
Weld County, Colorado

Dear Mr. & Mrs. Pierson:

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 October 31, 2010. 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 that reads 'Dave 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, or on the front if space permits.

1. Article Addressed to:

Jack and Vicki Pierson
15544 County Road 40
Platteville, CO 80651

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Justin Pierson

B. Received by (Printed Name) *Justin Pierson* C. Date of Delivery *4-17-10*

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. Article Number (Transfer from service label) 7009 3410 0000 2374 3254

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

7009 3410 0000 2374 3254

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CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



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Sent To
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 Platteville, CO 80651