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TEXAS AMERICAN



SOURCES COMPANYTM

Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006	See Reverse for Instructions

SENT VIA CERTIFIED MAIL #
7010 1870 0000 4536 3911

RE: Notice of Intent to Commence Drilling Operations

Cass Farms 11-27H
Section 27: NW/4NW/4
Surface Location: 300' FWL 300' FNL
Bottom Hole Location: 1970' FWL 660' FSL
Township 8 North, Range 62 West, 6th P.M.
Weld County, Colorado

Gentlemen:

Pursuant to the Colorado Oil and Gas Commission (COGCC) rules and regulations regarding drilling activities, Texas American Resources Company (TARC) hereby gives thirty (30) days notice before drilling an oil and gas well. TARC plans to begin drilling operations following approval of title and receipt of appropriate permits from the COGCC. TARC anticipates commencing drilling operations for the above referenced well with the next year.

Pursuant to COGCC rules, you as surface owner have the responsibility to notify surface tenants, if any, of the proposed operation. COGCC information and the Oil and Gas Notification, Completion and Decommissioning brochures for surface owners are enclosed for your review.

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:

Cass Farms Company
43251 CR 392
Briggsdale, CO 80611

COMPLETE THIS SECTION ON DELIVERY

A. Signature X		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery 8-11-10	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

the surface owner's right to a
the above referenced well.

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	

2. Article Number
(Transfer from service label)

7010 1870 0000 4536 3911

• 303.592.3000 • Fax 303.592.3030
• 512.480.8700 • Fax 512.480.8732