



October 12, 2010

CERTIFIED MAIL

Sweetgrass Inverstors LLC
2500 Arapahoe Ave. Suite 200
Boulder, CO 80302

Re: Notice of Intent to Conduct Surface Operations (Facilities)
SWEETGRASS 14-14 NW/4SW/4 SWEETGRASS 11-14 NW/4SW/4
SWEETGRASS 12-14A NW/4SW/4 SWEETGRASS 13-14 NW/4SW/4
SWEETGRASS 22-14 NW/4SW/4 SWEETGRASS 23-14 NW/4SW/4
SWEETGRASS 33-14 NW/4SW/4
Township 1N, Range 68W, Section 14
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 September 30, 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

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
Enclosure

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.



Sweetgrass Inverstors LLC
2500 Arapahoe Ave. Suite 200
Boulder, CO 80302

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kim Lytle*☐ Agent☐ Addressee

B. Received by (Printed Name)

Kim Lytle

C. Date of Delivery

*10/18/10*Address different from item 1? ☐ Yesor 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)

7010 0290 0001 4315 6869

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

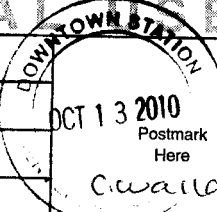
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

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PS Form 3800, August 2006

See Reverse for Instructions