



October 11, 2010

CERTIFIED MAIL

Lee Roy and Pauline Nichols  
10521 County Road 41  
Fort Lupton, CO 80621

Re: Notice of Intent to Conduct Surface Operations (Facilities)  
NICHOLS 31-8: NENW NICHOLS 18-8: NENW  
NICHOLS 22-8: NENW NICHOLS 25-8: NENW  
NICHOLS 21-8: NWNE NICHOLS 2-8: NWNE  
NICHOLS 17-8: NWNE NICHOLS 24-8: NWNE  
Township 2N, Range 65W, Section 8  
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 April 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.

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:cl  
Enclosure

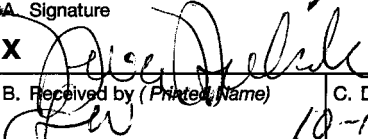
## SENDER: COMPLETE THIS SECTION

- 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, on the front if space permits



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## COMPLETE THIS SECTION ON DELIVERY

A. Signature 		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) Lee Roy Nichols	C. Date of Delivery 10-14-10	
Address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No		

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail                   |
| <input type="checkbox"/> Registered                | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail              | <input type="checkbox"/> C.O.D.                         |

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7010 1670 0000 0519 4410

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service <sup>TM</sup>

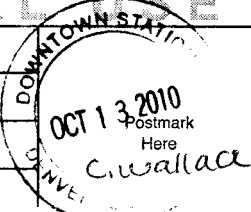
CERTIFIED MAIL <sup>TM</sup> RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage	\$
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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



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PS Form 3800, August 2006

See Reverse for Instructions