



October 11, 2010

CERTIFIED MAIL

Maynard W. Nichols
11225 County Road 39
Hudson, CO 80642

Re: Notice of Intent to Conduct Surface Operations (Facilities)
NICHOLS 10-6 NICHOLS 23-6
NICHOLS 38-6 NICHOLS 16-6
NICHOLS 9-6 NICHOLS 24-6
Township 2N, Range 65W, Section 6: NWSE
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.

: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.



Maynard W. Nichols
11225 County Road 39
Hudson, CO 80642

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Maynard Nichols ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

MAYNARD NICHOLS *10/15/10*

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 1670 0000 0519 4427

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

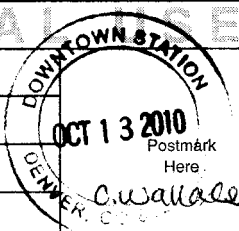
(Domestic Mail Only; No Insurance Coverage Provided)

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)Postmark
Here.

Maynard W. Nichols
11225 County Road 39
Hudson, CO 80642

PS Form 3800, August 2006

See Reverse for Instructions