



William T. Deterding Trust
1033 St. Margarets Drive
Annapolis, MD 21409

VIA CERTIFIED MAIL
ARTICLE NO. 7006 0810 0005 2692 8149

Re: Exception Location Waiver Request
Deterding BB-15 1S45W
1118 feet FNL and 1115 feet FWL
of Section 15, Township 1 South,
Range 45 West, 6th PM, NWNW/4
Yuma County, Colorado

Dear Mr. Deterding,

Per COGCC rule 318c, we would like to request an exception location waiver for the drilling of the above referenced well. The proposed well falls under COGCC rule 318 which allows only one (1) well to be drilled per quarter/quarter section and to be no closer than 300' from a producible well. The proposed location, (if a successful well), would be the second (2nd) well to be drilled in the NWNW quarter, but its location is further than 300' from the existing Deterding 15-04 well, also located in the NWNW quarter.

Due to a fault that runs through the Niobrara formation, Augustus Energy feels that with the proposed well we will be able to recover trapped reserves underneath these lands that would otherwise not be recovered by the existing well in the NW/4.

Please acknowledge your acceptance of this Exception Location Waiver by signing below within ten (10) days from receipt of this letter and return in the enclosed self-addressed stamped envelope.

If you have any questions or require additional information please do not hesitate to call the number listed below.

Best Regards,

Augustus Energy Partners, LLC

Loni J. Davis
Operations Accounting and Regulatory Specialist

William T. Deterding

3/6/2012
Date

cc: AEP Well File
COGCC
Margaret Fix-Seboldt, Attorney

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

ANNEAPOLIS MD 21409

Postage	\$	\$0.45
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.75

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Sent To
 Detarding
 Street, Apt. No.,
 or PO Box No. 1033 St. Margarets Drive
 City, State, ZIP+4 Annapolis MD 21409

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature * William Detarding <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery William Detarding 3/6/12</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: William T. Detarding 1033 St. Margarets Drive Annapolis, MD 21409</p>	<p>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.</p>
<p>2. Article Number (Transfer from service label) 7006 0810 0005 2692 8149</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540