



1801 W. 13<sup>th</sup> Ave  
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Ph: 303.928.7128  
[www.petro-fs.com](http://www.petro-fs.com)

December 18, 2012

**VIA CERTIFIED MAIL: 70102780000106235442**

Kenneth Swan  
20709 County Road D  
Woodrow, CO 80757

RE: 30 Day Surface Owner Notification  
**Swan 21-44**, SWSE, Section 21, Township 2S, Range 56W, Washington County, Colorado  
**Swan 21-32**, SWNE, Section 21, Township 2S, Range 56W, Washington County, Colorado

Dear Sir or Madam,

Pursuant to Rules 305 and 306 of the Colorado Oil and Gas Conservation Commission (COGCC), Bayswater Exploration and Production, LLC (Bayswater) provides the following information to you:

1. Bayswater intends to commence operations for the drilling of the captioned wells. We estimate the commencement of operations with heavy equipment shall occur within 180 days. However, due to equipment availability and scheduling, such operations may occur earlier.

The operator of the captioned wells is: Bayswater Exploration and Production, LLC (Bayswater).

2. The location of the above captioned well is as follows:  
**Swan 21-44** SWSE, Section 21, Township 2S, Range 56W, Washington County, Colorado  
**Swan 21-32** SWNE, Section 21, Township 2S, Range 56W, Washington County, Colorado
3. Under the COGCC rules the surface owner is responsible for notifying any affected tenant of the proposed operations.
4. Under COGCC Rule 306, the affected surface owner is entitled to a consultation with the operator. Enclosed is a self-addressed, prepaid envelope for your use in returning the Consultation Form enclosed.
5. Also enclosed is a copy of the COGCC's informational brochure for surface owners containing rules pertaining to notice of oil and gas operations and opportunities for consultation thereon.

Please call me at (303) 407-1282 with any questions you may have concerning the proposed operations.

Respectfully,

Jennifer Angel-Lear  
Regulatory Technician  
Agent for Bayswater Exploration and Production, LLC.  
Enclosures

*We are what we repeatedly do. Excellence, then, is not an act, but a habit.*

*-Aristotle*



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## CONSULTATION FORM

Please complete and return in the self-addressed prepaid envelope.

Surface Owner Name: \_\_\_\_\_

Surface Owner Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Check Appropriate Box(s):

I do not want a consultation

I do want to be consulted concerning proposed operations

I want to appoint a Tenant to be consulted

Tenant Name: \_\_\_\_\_

Tenant Address: \_\_\_\_\_

Tenant City, State & Zip: \_\_\_\_\_

Tenant Phone #: \_\_\_\_\_

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