

December 3, 2012

VIA CERTIFIED MAIL: 7010-2780-0001-0623-0584

KSJJ, LLC.
6126 Chokecherry Drive
Loveland, CO 80537

RE: 30 Day Surface Owner Notification
Triangle 4-22
Triangle 6-22
Triangle 18-22
Triangle 32-22
SENW, Section 22, Township 7N, Range 65W
Weld 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 wells are as follows:

Triangle 4-22 SENW, Section 22, Township 7N, Range 65W
Triangle 6-22 SENW, Section 22, Township 7N, Range 65W
Triangle 18-22 SENW, Section 22, Township 7N, Range 65W
Triangle 32-22 SENW, Section 22, Township 7N, Range 65W

Section 22, Township 7 North, Range 65 West, 6th PM
Weld County, Colorado

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

-Aristotle

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

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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