

FINNEY LAND CO.

OIL & GAS CONSULTING

P.O. BOX 2471
DURANGO, CO 81302
PHONE: (970) 259-5691 • FAX (970) 259-4279

**PREAPPLICATION NOTIFICATION
BUFFER ZONE NOTICE**

December 27, 2013

Rodney and Joanne Gantt
3896 CR 309A
Ignacio, CO 81137

Certified Mail
Return Receipt# 7009 3410 0001 3957 6982

RE: Elm Ridge Exploration Co, LLC.
IGW 122 Well
T33N, R8W, NMPM
Sec. 7: SE/4NE/4
La Plata County, CO.

Dear Mr. and Mrs. Gantt,

Rule 305.a.(2) of the Colorado Oil and Gas Conservation Commission (COGCC) creates a buffer zone designation for building units lying within 1000' feet of a proposed well location and requires that the surface owner be notified.

This notice is to inform you that a permit to conduct operations on the above described location is being requested by Elm Ridge Exploration Co., LLC. The operator's contact information is as follows:

The applicant and designated agent are listed below:

APPLICANT:

Contact Name: Terry Lindeman
Company Name: Elm Ridge Exploration Co., LLC
Street Address: P.O. Box 156
City: Bloomfield
State: New Mexico
Zip: 87413
Phone Number: 505-632-3476 ext 210

DESIGNATED AGENT:

Contact Name: Doug Joyce
Company Name: Finney Land Co.
Street Address: P.O. Box 2471
City: Durango
State: Colorado
Zip: 81301
Phone Number: 970-259-5691

Contact information for the local government designee (LGD):

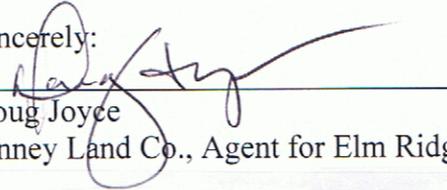
La Plata County Planning Department
1060 East 2nd Ave.
Durango, CO 81301
(970) 382-6263

The anticipated date of operations is April/May of 2014. COGCC location assessment Form 2A will be submitted 30 days from the date of this notice. Upon determination of completeness of Form 2A by the COGCC, additional notices will be sent pursuant to COGCC Rule 305.c.

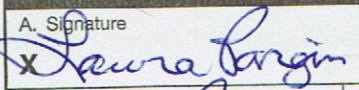
You are hereby invited to request a meeting to address questions and/or discuss whatever concerns you may have regarding this location.

Thank you for your attention to this matter.

Sincerely:


Doug Joyce

Finney Land Co., Agent for Elm Ridge Exploration Co., LLC

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.	A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Rodney and Jeanne Grantt 3896 C.R. 309 A Ignacio, CO 81137	B. Received by (Printed Name) C. Date of Delivery Laura Pargin 4/2/14
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, February 2004	3. Service Type <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) <input type="checkbox"/> Yes
Domestic Return Receipt	7009 3410 0001 3957 6982 102595-02-M-1540