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Suite 650  
Denver, Colorado 80290



Shannon Hartnett  
Regulatory Compliance Specialist  
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Certified Mail: 7012 3050 0000 4949 6659

Date: November 5, 2013

RE: Pre-Application Notification (Rule 305.a.(2))

TO: EHN Family Trust  
7644 E. Bullard Ave  
Clovis, CA 93619

Dear Surface Owner and/or Building Unit Owner:

Great Western Operating Company is providing you with notification of our intent to conduct oil and gas operations within 1000' feet of your surface or building unit.

Location: Lind West  
S20-T7N-R66W

Anticipated date of operations commencement: 3QTR 2014

Local Governmental Designee (LGD) contact information:  
David Bauer - Weld County  
dbauer@co.weld.co.us  
970-304-6496

You may contact us directly or your LGD to discuss our plans for this location or for more information regarding Oil and Gas development in your area.

The public comment period will commence approximately 30 days from the date of this letter.

Best Regards,  
Great Western Operating Company  
*Shannon Hartnett*  
Shannon Hartnett  
Regulatory Compliance Specialist

cc: LGD

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		A. Signature <input checked="" type="checkbox"/> <i>Shannon Hartnett</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>C Ehn</i>	C. Date of Delivery <i>11-12-13</i>
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	
EHN Family Trust 7644 E Bullard Ave Clovis, CA 93619		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	
		7012 3050 0000 4949 6659	

PS Form 3811, February 2004 Domestic Return Receipt