

**COLORADO WAIVER AND REQUEST FOR CONSULTATION FORM
(RULE 305 AND 306)**

Robert J. Safranek and Rosann Safranek
P.O. Box 970
Limon, CO 80828

Well Pad: Dauntless 15-1
990' FSL & 1650' FEL
Section 1 - Township 9 South, Range 56 West of the 6th P.M.
Lincoln County, Colorado

Thirty-Day Notice Waiver

The undersigned:

- waives**
 does not waive

(check one) the 30-day notice period for drilling operations on the above captioned location.

Request for Consultation Meeting

The undersigned:

- requests**
 does not request

(check one) a consultation meeting.

Preferred date, time and location of meeting: _____

Telephone Number: _____ Date: _____

Print Name: _____

Designated Representative (Agent)

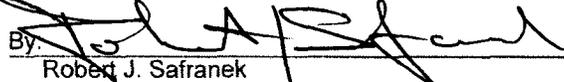
The undersigned names the below as designated representative for surface consultation with respect to operations for drilling from the above captioned location.

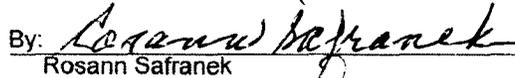
Name: Robert J. Safranek and Rosann Safranek _____

Address: P.O. Box 970, Limon, CO 80828 _____

Telephone Number: 719-775-2895 _____

Surface Owner(s):

By:  _____ Date: 10/5/17

By:  _____ Date: 10/5/17

PLEASE RETURN THIS COMPLETED FORM IN THE ENCLOSED POSATGE PAID ENVELOPE