

**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

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**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: \_\_\_\_\_

Robert J. Safranek

Date: 10/5/17

By: \_\_\_\_\_

Rosann Safranek

Date: 10/5/17

**PLEASE RETURN THIS COMPLETED FORM IN THE ENCLOSED POSTAGE PAID ENVELOPE**