



June 30, 2010

CERTIFIED MAIL

Lafarge Corporation
10170 Church Ranch Way STE 200
Westminster, CO 80021

Re: Notice of Intent to Conduct Surface Operations
RIVERBEND 25-12 NW/4SE/4 RIVERBEND 22-12 NW/4SE/4
RIVERBEND 9-12 NW/4SE/4 RIVERBEND 23-12 NW/4SE/4
RIVERBEND 10-12 NW/4SE/4 RIVERBEND 39-12 NW/4SE/4
Township 1N, Range 67W, Section 12
Weld County, Colorado

Ladies and Gentlemen:

The Colorado Oil and Gas Conservation Commission ("COGCC") has adopted guidelines and procedures regarding oil and gas activities affecting the surface. These rules stipulate that an affected surface owner must be given advance notice in writing by an operator at least thirty (30) days prior to drilling an oil and gas well.

Kerr-McGee Oil and Gas OnShore LP ("KMG") intends to begin operations to drill the above captioned oil and gas well(s) upon approval of title, receipt of permits from the COGCC prior to December 31, 2010. As the surface owner, it is your responsibility to notify the tenant farmer, if applicable, of this proposed operation.

A site diagram of the proposed location of the well and any associated roads and production facilities is enclosed. Should you have any questions and/or concerns, please contact me at (303) 655-4350 or my cell at (970) 590-6249.

Very truly yours,
KERR-McGEE OIL AND GAS ONSHORE LP




A handwritten signature in cursive script that reads 'David Bell'.

David Bell
Landman

I/we waive the 30 day notice referenced above and approve of the operations commencing upon KMG's receipt of the drilling permit.

:cl
Enclosures

COMPLETE THIS SECTION ON DELIVERY

- | | | |
|---|--|--|
| A. Signature
X  | | <input type="checkbox"/> Agent
<input type="checkbox"/> Addressee |
| B. Received by (Printed Name)
 | C. Date of Delivery
 | |
| Is address different from item 1? <input type="checkbox"/> Yes
delivery address below: <input type="checkbox"/> No | | |



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) ☐ Yes

PS Form 3811, February 2004

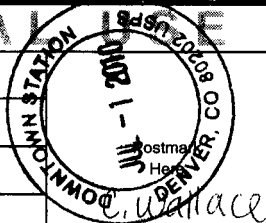
Domestic Return Receipt

102595-02-M-1540

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Postage
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Return Receipt Fee
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(Endorsement Required)



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