



April 28, 2011

CERTIFIED MAIL

Allen Jean INT Trust ETALS  
Sharon McMorrow  
4054 W. Camas ST  
Boise, ID 83705

Re: Notice of Intent to Conduct Surface Operations (Facilities)  
COLFER 13C-34HZ COLFER 13N-34HZ COLFER 35N-34HZ  
Township 2N, Range 65W, Section 34: NWNW  
Weld County, Colorado

Dear Ladies & 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, 2011. 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 blue ink 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.

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:cl  
Enclosure

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

  
 Allen Jean INT Trust ETALS  
 Sharon McMorow  
 4054 W. Camas St.  
 Boise, ID 83705

2. Article Number  
(Transfer from service label)

7009 3410 0000 2374 2578

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *Sharon McMorow*  Addressee

B. Received by (Printed Name) *Sharon McMorow* C. Date of Delivery *5/6/11*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7009 3410 0000 2374 2578

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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**OFFICIAL USE**

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|--|----|
| Postage  | \$ |
| Certified Fee                                  |    |
| Return Receipt Fee (Endorsement Required)      |    |
| Restricted Delivery Fee (Endorsement Required) |    |
| Total Postage & Fees                           | \$ |

Postmark: *MAY - 3 2011*  
*cc: morrow (u)*

  
 Allen Jean INT Trust ETALS  
 Sharon McMorow  
 4054 W. Camas St.  
 Boise, ID 83705

PS Form 3800, August 2006 See Reverse for Instructions