



November 12, 2012

VIA CERTIFIED MAIL: 7011 1570 0001 5179 5264

Lynn E. Smith
P.O. Box 122
Grover, CO 80729

RE: 30 Day Surface Owner Notification
Smith 26-22
SENW, Sec: 26, T10N, R61W
Weld County, Colorado

Dear Sir or Madam,

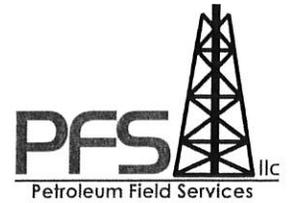
Pursuant to Rules 305 and 306 of the Colorado Oil and Gas Conservation Commission (COGCC), Orr Energy, LLC. (Orr) provides the following information to you:

1. Orr Energy, LLC intends to commence operations for the drilling of the captioned well. We estimate the commencement of operations with heavy equipment shall occur within 180 days. However, due to equipment availability and scheduling, such operations may occur earlier.
2. The operator of the captioned well is: Orr Energy, LLC.
3. The location of the captioned well is as follows:

Smith 26-22 1600' FNL and 2360' FWL
Section 26, Township 10 North, Range 61 West, 6th PM
Weld County, Colorado

We are what we repeatedly do. Excellence, then, is not an act, but a habit.

-Aristotle



1801 W. 13th Ave
Denver, CO 80204
Ph: 303.928.7128
www.petro-fs.com

4. Under the COGCC rules the surface owner is responsible for notifying any affected tenant of the proposed operations.
5. Under COGCC Rule 306, the affected surface owner is entitled to a consultation with the operator. Enclosed is a self-addressed, prepaid envelope for your use in returning the Consultation Form enclosed.
6. Also enclosed is a copy of the COGCC's informational brochure for surface owners containing rules pertaining to notice of oil and gas operations and opportunities for consultation thereon.

Please call me at (303) 928-7128 with any questions you may have concerning the proposed operations.

Respectfully,

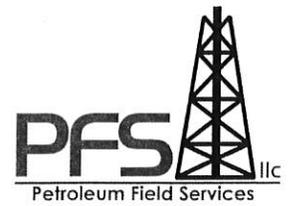
A handwritten signature in cursive script that reads "Julie L. Padilla".

Julie L. Padilla
Regulatory Manager
Agent for Orr Energy, LLC

Enclosures

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CONSULTATION FORM

Please complete and return in the self-addressed prepaid envelope.

Surface Owner Name: _____

Surface Owner Address: _____

City, State & Zip: _____

Phone #: _____

Check Appropriate Box(s):

- I do not want a consultation
- I do want to be consulted concerning proposed operations
- I want to appoint a Tenant to be consulted

Tenant Name: _____

Tenant Address: _____

Tenant City, State & Zip: _____

Tenant Phone #: _____

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