

1700 Broadway
Suite 650
Denver, Colorado 80290



Shannon Hartnett
Regulatory Compliance Specialist
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E-mail: shartnett@gwogco.com

Certified Mail: 7013 0600 0000 5712 5357

Date: November 11, 2013

RE: Pre-Application Notification (Rule 305.a.(2))

TO: Carestream Health Inc
150 Verona St
Rochester, NY 14608

Dear Surface Owner and/or Building Unit Owner:

Great Western Operating Company is providing you with notification of our intent to conduct oil and gas operations within 1000' feet of your surface or building unit.

Location: Kodak South
Sec. 26 T6N-R67W

Anticipated date of operations commencement: 1QTR 2015

Local Governmental Designee (LGD) contact information:

David Bauer - Weld County
dbauer@co.weld.co.us
970-304-6496

and
Town of Windsor
Joseph Plummer
301 Walnut Street
Windsor, CO 80550

You may contact us directly or y
regarding Oil and Gas developm


The public comment period will

Best Regards,
Great Western Operating Comp

Shannon Hartnett
Regulatory Compliance Special

cc: LGD

COPY

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">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.		A. Signature 	
1. Article Addressed to: <i>Carestream Health Inc 150 Verona St Rochester, NY 14608</i>		B. Received by (Printed Name) <i>Shannon Hartnett</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		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) <input type="checkbox"/> Yes	

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PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540