



COLORADO
Oil & Gas Conservation
Commission
Department of Natural Resources

1120 Lincoln Street, Suite 801
Denver, CO 80203

March 16, 2015

Mr. FJ Arroyo
12 Bullrush Court
Stafford, VA 22554

RE: Well Pad Reclamation Project 30-Day Notice
ARROYO #9-16
API # 05-045-12538
NESE 16 6S 92W 6P.M.
Garfield County, Colorado

Dear Mr. Arroyo:

The Colorado Oil and Gas Conservation Commission (COGCC) intends to commence work at the above-referenced location. The location has no responsible party liable for the work and is considered an "orphan" location by COGCC. Therefore, COGCC has appropriated funds from the Oil and Gas Conservation and Environmental Response Fund (Fund 170) to perform the work at no cost to you.

As described in Colorado Revised Statute (C.R.S.) 34-60-124(4)(a)(I), the work is intended to mitigate conditions that threaten to cause, or that actually cause, a significant adverse environmental impact on any air, water, soil or biological resource that may be associated with the former conduct of oil and gas operations at the location. A brief description of the proposed work is attached. Procedures are subject to change based on unforeseen conditions that may be encountered. Generally, surface reclamation activities will be performed in accordance with COGCC's 1000 series Reclamation Regulations.

This notice is intended to comply with C.R.S. 34-60-124(6)(a), which states that COGCC is authorized to enter onto any lands or waters, public or private; and, except in emergency situations, the COGCC shall provide reasonable notice prior to such entry in order to allow a surface owner to be present during the work. This notice is also intended to comply with COGCC Rule 305 notification requirements for final reclamation (30-day notice).

Mr. Arroyo
Well Pad Reclamation Project 30-Day Notice

March 16, 2015

Currently, we anticipate that the work will be performed weather permitting no later than June 30th. Timing of the work is subject to change pending COGCC Staff and contractor availability. You may choose to waive the 30-day notice by printing and signing below. Otherwise, the work will commence no earlier than 30 days from the date of this notice. As the surface owner, you are responsible for notifying any affected tenant of the proposed work.

If you have any questions or concerns please feel to contact Ryan Costa, at 719-868-2047 or at cell phone 719-505-3245.

Sincerely,

Ryan Costa
Reclamation Specialist
Colorado Oil and Gas Conservation Commission


Enclosure

I/We hereby waive the 30-day notice period for the work described herein and attached hereto.



Signature

Signature



Printed Name

Printed Name

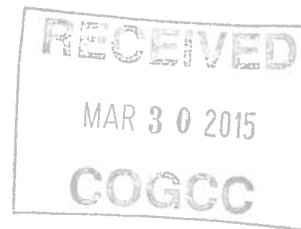


Date

Date

Mr. Byerley
Well Pad Reclamation Project 30-Day Notice

March 16, 2015



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If you have any questions or concerns please feel to contact Ryan Costa, at 719-868-2047 or at cell phone 719-505-3245.

Sincerely,

Ryan Costa
Reclamation Specialist
Colorado Oil and Gas Conservation Commission

Enclosure

I/We hereby waive the 30-day notice period for the work described herein and attached hereto.

Allen B. Byerley
Signature

Signature

Allen B. Byerley
Printed Name

Printed Name

3-25-2015
Date

Date

RECEIVED

APR 03 2015

COGCC

Mr. & Mrs. Scott
Well Pad Reclamation Project 30-Day Notice

March 16, 2015

Currently, we anticipate that the work will be performed weather permitting no later than June 30th. Timing of the work is subject to change pending COGCC Staff and contractor availability. You may choose to waive the 30-day notice by printing and signing below. Otherwise, the work will commence no earlier than 30 days from the date of this notice. As the surface owner, you are responsible for notifying any affected tenant of the proposed work.

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Sincerely,

Ryan Costa
Reclamation Specialist
Colorado Oil and Gas Conservation Commission

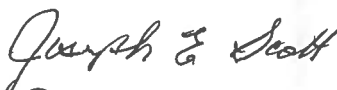

Enclosure

I/We hereby waive the 30-day notice period for the work described herein and attached hereto.


Signature

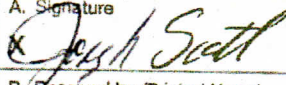
Jason Scott
Printed Name

3.27.15
Date




Signature

Joseph E. Scott
Rebecca Scott
Printed Name

3-27-15
Date

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  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Mr. Joe Scott 824 N. Church Street Mount Olive, NC 28365		B. Received by (Printed Name) Joseph Scott	C. Date of Delivery 3-24-15
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7014 2120 0004 1876 9239	

PS Form 3811, July 2013 Domestic Return Receipt

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  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Ms. Stacie Malone 6505 N. Shiloh Road Corinth, MS 38834		B. Received by (Printed Name) Stacy Malone	C. Date of Delivery 3/20/15
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7014 2120 0004 1876 9222	

PS Form 3811, July 2013 Domestic Return Receipt

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:

Mr. Allen Byerley
4508 Country Club View
Baytown, TX 77521

2. Article Number

(Transfer from serv

7014 2120 0004 1876 9215

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Allen Byerley

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

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt