

Print Form

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FOR OFFICIAL USE ONLY

FORM 38 Rev 1/10

State of Colorado Oil and Gas Conservation Commission 1120 Lincoln street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109

PAYMENT OF PROCEEDS HEARING REQUEST

This form may be submitted only by a payee legally entitled to payment from proceeds derived from the sale of oil, gas, or associated products from a well in Colorado. The payee is to complete this form (one form per well), attach required documentation and mail to: COGCC, 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 or fax to: (303) 894-2109. COGCC will investigate the report and determine what action, if any, should be taken.

PAYEE INFORMATION

NAME OF PAYEE: JUDITH GRIFFITH PHONE NO: 303-916-9785 ADDRESS: 11021 E. 116th AVE FAX: CITY: BRIGHTON STATE: CO ZIP: 80602 E-MAIL: JeffAndJudyGriffith@msn.com PAYEE NUMBER:

MINERAL INFORMATION

WELL NAME: MARCUS LD 11-380HW COUNTY: WELD QTR/QTR SEC: TOWNSHIP: RANGE: Township 1 South Range API NUMBER: 67 West

Sec. 2, 3, 10, 11 NON-COMPLIANCE ISSUES NOT RESOLVED (PLEASE CHECK ALL THAT APPLY)

- Required checkstub detail not provided: Late payment Non payment No interest paid on late payment No response to Form 37 inquiry

All pertinent documentation must be attached. This includes: completed copy of operator contact Form 37, proof of mailing, response (if received from operator), redacted checkstub detail and any other documentation necessary.

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PAYEE INFORMATION

NAME OF PAYEE: JUDITH GRIFFITH PHONE NO: 303-916-9785 ADDRESS: 11021 E. 166th Ave FAX: CITY: BRIGHTON STATE: CO ZIP: 80602 E-MAIL: jeffandjudygriffith@msn.com PAYEE NUMBER:

MINERAL INFORMATION

WELL NAME: MARCUS LD-11-3794N COUNTY: WELD QTR/QTR SEC: TOWNSHIP: RANGE: TOWNSHIP 1 South 2, 3, 10, 11 API NUMBER: 05-123-42867

Range 67 WEST

NON-COMPLIANCE ISSUES NOT RESOLVED (PLEASE CHECK ALL THAT APPLY)

- Required checkstub detail not provided: Late payment: Non payment: No interest paid on late payment: No response to Form 37 inquiry: (checked)

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PAYEE INFORMATION

NAME OF PAYEE: JUDITH GRIFFITH PHONE NO: 303-916-9785 ADDRESS: 11021 E. 166th AVE CITY: BRIGHTON STATE: CO ZIP: 80602 E-MAIL: JEFF AND JUDY GRIFFITH@MSN.COM PAYEE NUMBER:

MINERAL INFORMATION

WELL NAME: MARCUS LD 11-380HN COUNTY: WELD QTR/QTR SEC: TOWNSHIP: RANGE: Township 1 South Range API NUMBER: 67 West Sec. 2, 3, 10, 11

NON-COMPLIANCE ISSUES NOT RESOLVED

(PLEASE CHECK ALL THAT APPLY)

- Required checkstub detail not provided: Late payment Non payment No interest paid on late payment No response to Form 37 inquiry

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PAYEE INFORMATION

NAME OF PAYEE: JUDITH GRIFFITH PHONE NO: 303-916-9785 ADDRESS: 11021 E. 166th AVE CITY: BRIGHTON STATE: CO ZIP: 80602 E-MAIL: JEFFANDJULYGRIFFITH@MSN.COM PAYEE NUMBER:

MINERAL INFORMATION

WELL NAME: MARCUS LD-11-379#16 COUNTY: WELD QTR/QTR SEC: TOWNSHIP: RANGE: TOWNSHIP 1 South 2, 3, 16, 11 API NUMBER: 05-123-42867

Range 67 West NON-COMPLIANCE ISSUES NOT RESOLVED (PLEASE CHECK ALL THAT APPLY)

- Required checkstub detail not provided: Late payment Non payment No interest paid on late payment No response to Form 37 inquiry

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FOR OFFICIAL USE ONLY

PAYMENT OF PROCEEDS - SALES VOLUME RECONCILIATION PAYOR CONTACT FORM

This form may be submitted only by a payee legally entitled to payment from proceeds derived from the sale of oil, gas, or associated products from a well in Colorado. The payee is to complete this form (one form per well) and submit it to the payor issuing the payment. Operator addresses may be found at the COGCC website cogcc.state.co.us at DATABASE under the category NAME, ADDRESS AND FINANCIAL ASSURANCE. This form must be submitted to the payor via certified mail. Using this form to request information will not replace the need for a financial audit.

PAYEE INFORMATION

NAME OF PAYEE: JUDITH GRIFFITH PHONE NO: 303-911-9787 ADDRESS: 11021 E 16th Ave CITY: BRIGHTON STATE: CO ZIP: 80602 E-MAIL: JEFFANDJUDY@ffh.com SIGNATURE: Judith Griffith PAYEE NUMBER:

MINERAL INFORMATION

WELL NAME: MARCUS LD 11-389 COUNTY: WELD QTR/QTR SEC: TOWNSHIP: RANGE: API NUMBER: 05-123-42867

REQUEST FOR PAYMENT OF PROCEEDS INFORMATION

Payee should mark appropriate entries to show missing information required by CRS 34-60-118.5. (Payee should also attach a copy of the checkstub with all applicable non-compliance details noted.)

The name, number, or a combination of name and number that identifies the lease, property, unit or well for which payment is being made.

The month and year during which the sale occurred.

The total quantity of product sold attributable to such payment, including the units of measurement.

The price received per unit of measurement. (Price per barrel in the case of oil and price per thousand cubic feet (MCF) or price per million British Thermal Units ("MMBTU") in the case of gas.)

The total amount of severance taxes and any other production taxes or levies applied to the sale.

The payee's interest in the sale, expressed as a decimal and calculated to at least the sixth decimal place.

The payee's share of the sale before any deductions or adjustments made by the payor or identified with the payment.

The payee's share of the sale after any deductions or adjustments made by the payor or identified with the payment.

An address and telephone number from which additional information may be obtained and questions answered.

Additional Information Requested

[Note: This section asks for the additional information payee may request under 118(2.5) as amended by HB 1180.]

Written explanation of deductions or adjustments over which payor has control or information, (whether or not identified with the payment), regarding:

Meter calibration testing records

Production reporting records

PAYMENT OF PROCEEDS - PAYOR RESPONSE

The payor, _____, responded to this request on _____ (date) as required by CRS 34-60-118.5(2.5). (The payor must respond within 60 days.) If we could not provide information concerning _____ for the following reasons:

MARCUS LD 11-389 AN FFH... MARCUS LD 11-380 HN API # 05-123-42866 TOWNSHIP 1 SOUTH, RANGE 67 WEST 6th P.M. SECTION 2, 3, 4, 11

ffh.com

*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>MATT ACREE GREAT WESTERN OPERATING 1801 BROADWAY, #500 DENVER, CO 80202</p>  <p>9590 9403 0475 5173 1148 89</p>	<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>Transfer from service label</p> <p>7017 1450 0000 1747 3481</p>	<p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<p>PS Form 3811, April 2015 PSN 7530-02-000-9059 Domestic Return Receipt</p>	

7017 1450 0000 1747 3481

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DENVER CO 80202

OFFICIAL USE

Certified Mail Fee	\$3.45
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.50
Total Postage and Fees	\$6.70

Sent To _____


Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

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 BRIGHTON, CO 80602

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