



380 Airport Road
Durango, Colorado 81303

November 5, 2015

James & Jean M Etzler
10238 State HWY 172
Ignacio, CO 81137

Via Certified Mail

Re: **Notice of Intent to Conduct Oil and Gas Operations**
Anderson C 2 & 3 wells
NESW Sec 24, T34N, R8W N.M.P.M.
La Plata County, Colorado

To Whom It May Concern:

In accordance with the Colorado Oil and Gas Conservation Commission (“COGCC”) Rule 305.a.(2), BP America Production Company (“BP”) hereby provides notice that a permit to conduct Oil and Gas operations relating to the above wells is being sought by BP. You are receiving this notice because you are the owner of a Building Unit within one thousand feet of the proposed wells and associated production facilities.

BP is planning to commence operations on the wells in 1Q2016. You may request a meeting with BP to discuss the proposed operation by contacting Kiki Moseley, BP’s representative at (970) 247-6822, or you may request a meeting with the Local Government Designee for La Plata County:

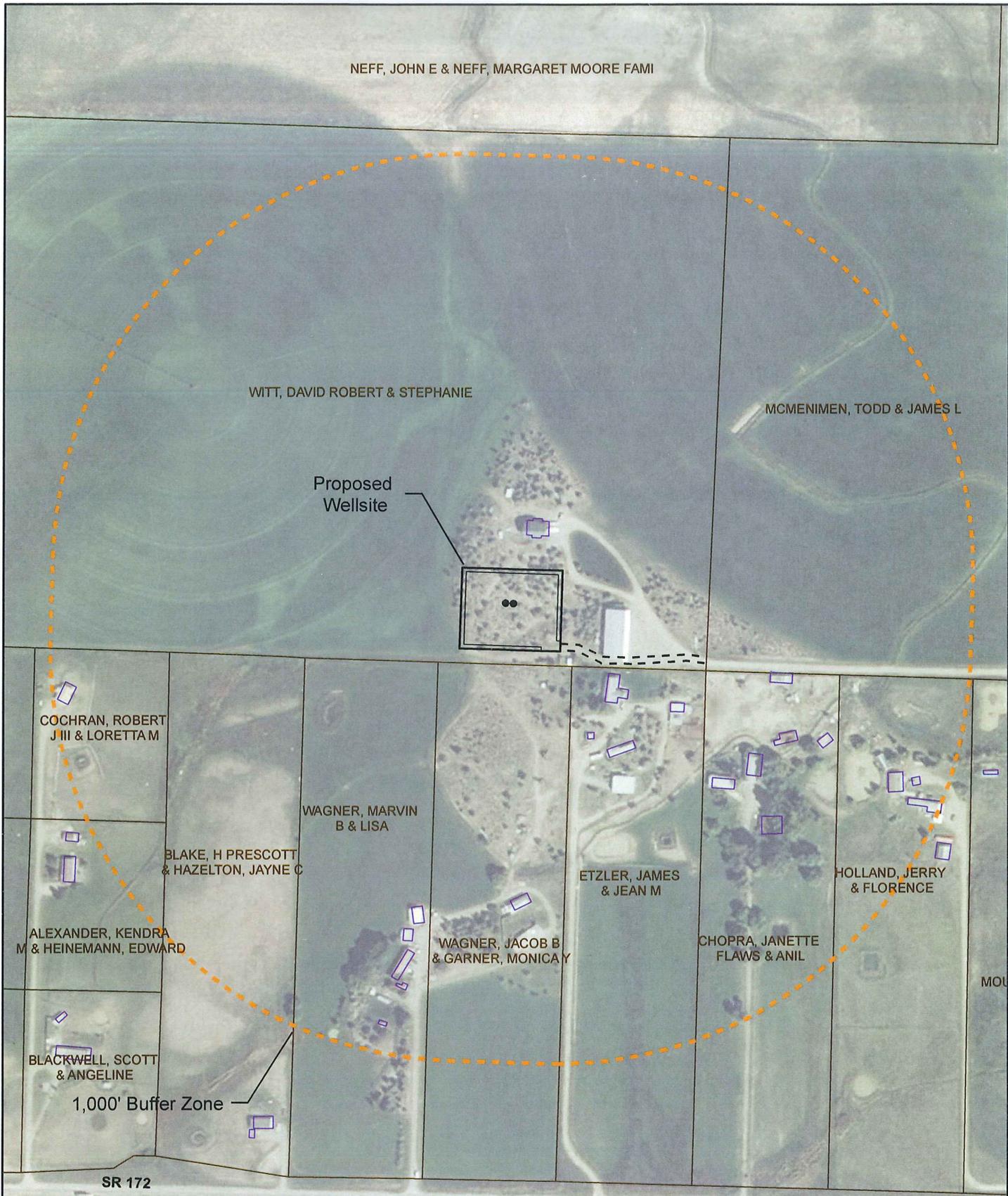
Damian Peduto
La Plata County Planning Department
1060 East 2nd Ave
Durango, CO 81301
Email: damian.peduto@co.laplata.co.us
(970) 382-6263

A “Notice of Comment Period” will also be sent to you pursuant to COGCC Rule 305.c. when the public comment period commences.

Sincerely,

Patti Campbell
BP America Production Company
Regulatory Analyst, San Juan North

Attachment: Landowner map/1000’ Buffer



Legend

- Proposed Well
- Buffer Zone 1,000 ft
- Structure Footprints
- La Plata County Parcel

LAND TYPE: FEE
 LAT: 37.173429 N
 LONG: -107.67237 W
 NE¼SW¼ SEC 24, T34N R 08W

1:4,000



DISCLAIMER: This general arrangement drawing (GAD) has been generated for a preliminary discussion of a proposed access road, pipeline, drillsite or other type of facility. The location and arrangement thereof are approximate and subject to change at any time, whether due to on-the-ground surveys, regulatory requirements or (without limitation) other factors. Reclamation plans do not reflect cut and fill slopes and are subject to change as data is acquired. This GAD is confidential and its duplication or distribution requires written permission from BP America Production Company.

BP America
 San Juan North
 Durango, CO



ANDERSON C 2 & 3
 Landowner Notification

8/17/2015	SCALE AS NOTED	PROJ #
DB	ENGINEER	FILE

La Plata County,
Colorado

REV
0

ANDERSON C 2 3

COGCC 1000'
BUFFER ZONE NOTIFICATIONS

Parcel Number	Name	Mailing Address	City	State	Zip Code
590324300714	WITT, DAVID ROBERT & STEPHANIE	10658 ST HWY 172	Ignacio	CC	7014 2120 0002 4675 2328
590324300068	CHOPRA, JANETTE FLAWS & ANIL	13 VIEWCREST CIR	S San Francisco	CA	7014 2120 0002 4675 2311
590324300602	COCHRAN, ROBERT J III & LORETTA M	3088 CR 510	Ignacio	CC	7014 2120 0002 4675 2304
590324300067	ETZLER, JAMES & JEAN M	10238 ST HWY 172	Ignacio	CC	7014 2120 0002 4675 2298
590324300288	HOLLAND, JERRY & FLORENCE	10446 STATE HIGHWAY 172	Ignacio	CC	7014 2120 0002 4675 2281
590324300667	WAGNER, JACOB B & GARNER, MONICA Y	10156 STATE HIGHWAY 172	Ignacio	CC	7014 2120 0002 4675 2274
590324300061	WAGNER, MARVIN B & LISA	10152 STATE HIGHWAY 172	Ignacio	CC	7014 2120 0001 0380 2500
590324300603	ALEXANDER, KENDRA M & HEINEMANN, EDWARD	PO BOX 1070	Ignacio	C	7014 2120 0001 0380 2517

7014 4T02 2000 2294 5230

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Postage	\$3.45	0804 05 Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$0.00	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$6.25	

11/05/2015

Sent To \$6.74
Robert J III & Loretta M Cochran
Street & Apt. No.,
or PO Box No. 3088 CR 510
City, State, ZIP+4 Ignacio, CO 81137

PS Form 3800, July 2014 See Reverse for Instructions

Anderson CA#3

SENDER: COMPLETE THIS SECTION

- 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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Laura Bergin

B. Received by (Printed Name) Laura Bergin C. Date of Delivery 11/14/15

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

1. Article Addressed to:
Robert J III & Loretta M Cochran
3088 CR 510
Ignacio, CO 81137

2. Article Number (Transfer from service label)
7014 2120 0002 4675 2304

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

9590 9403 0494 5173 1525 58

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$0.00	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$6.25	

11/05/2015

Sent To \$6.74
James & Jean M Etzler
Street & Apt. No.,
or PO Box No. 10238 State HWY 172
City, State, ZIP+4 Ignacio, CO 81137

PS Form 3800, July 2014 See Reverse for Instructions

Anderson CA#3

SENDER: COMPLETE THIS SECTION

- 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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Jean Etzler

B. Received by (Printed Name) Jean Etzler C. Date of Delivery 11/9/15

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

1. Article Addressed to:
James & Jean M Etzler
10238 State HWY 172
Ignacio, CO 81137

2. Article Number (Transfer from service label)
7014 2120 0002 4675 2298

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

9590 9403 0494 5173 1525 72

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SOUTH SAN FRANCISCO, CA 94080

Postage	\$3.45	0804 05 Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$0.00	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$6.74	

11/05/2015

Sent To: Janette Flaws + Anil Chopra
Street & Apt. No., or PO Box No. 13 Viewcrest Cir.
City, State, ZIP+4 S. San Francisco, CA 94080

PS Form 3800, July 2014 See Reverse for Instructions

Anderson C 283

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Janette Flaws & Anil Chopra
13 Viewcrest Circle
S San Francisco, CA 94080

9590 9403 0494 5173 1525 41

2. Article Number (Transfer from service label)
7014 2120 0002 4675 2311

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Janette Chopra Agent Addressee

B. Received by (Printed Name) Janette Chopra C. Date of Delivery 11-13-15

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

7014 2120 0001 0380 2517

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Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$0.00	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$6.74	

11/05/2015

Sent To: Edward Heinemann + Kendra M Alexander
Street & Apt. No., or PO Box No. PO Box 1070
City, State, ZIP+4 Ignacio, CO 81137

PS Form 3800, July 2014 See Reverse for Instructions

Anderson C 283

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Edward Heinemann & Kendra Alexander
PO Box 1070
Ignacio, CO 81137

9590 9403 0494 5173 1525 34

2. Article Number (Transfer from service label)
7014 2120 0001 0380 2517

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Kendra Alexander Agent Addressee

B. Received by (Printed Name) Kendra Alexander C. Date of Delivery 11/9/15

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

7014 2120 0002 4675 2282

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Postage	\$18.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$21.25

Postmark Here: 0804 05
11/05/2015

Sent To: \$6.74
Jerry + Florence Holland
Street & Apt. No. or PO Box No.: 10446 State HWY 172
City, State, ZIP+4: Ignacio, CO 81137

PS Form 3800, July 2014 See Reverse for Instructions

Anderson 2983

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Jerry & Florence Holland
10446 State HWY 172
Ignacio, CO 81137



2. Article Number (Transfer from service label)
7014 2120 0002 4675 2281

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Amy Morales* Agent Addressee

B. Received by (Printed Name): *Amy Morales*

C. Date of Delivery: *11/14/15*

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

7014 2120 0002 4675 2274

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Postage	\$18.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$21.25

Postmark Here: 0804 05
11/05/2015

Sent To: \$6.74
Jacob B Wagner + Monica Y Garner
Street & Apt. No. or PO Box No.: 10156 State HWY 172
City, State, ZIP+4: Ignacio, CO 81137

PS Form 3800, July 2014 See Reverse for Instructions

Anderson 2983

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Jacob B Wagner & Monica Y Garner
10156 State HWY 172
Ignacio, CO 81137



2. Article Number (Transfer from service label)
7014 2120 0002 4675 2274

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *J Wagner* Agent Addressee

B. Received by (Printed Name): *J Wagner*

C. Date of Delivery: *11/14/15*

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

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Postage	\$3.45	0804	Postmark Here
Certified Fee	\$2.80	05	
Return Receipt Fee (Endorsement Required)	\$0.00		
Restricted Delivery Fee (Endorsement Required)	\$0.00		
Total Postage & Fees	\$6.74	11/05/2015	

Sent To
 Marvin B & Lisa Wagner
 Street & Apt. No.,
 or PO Box No. 10152 State HWY 172
 City, State, ZIP+4 Ignacio, CO 81137

PS Form 3800, July 2014 See Reverse for Instructions

7014 2120 0001 0380 2500

Anderson C203

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Marvin B & Lisa Wagner
 10152 State HWY 172
 Ignacio, CO 81137

2. Article Number (Transfer from service label)
 7014 2120 0001 0380 2500

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Lisa Wagner Agent

B. Received by (Printed Name)
 C. Date of Delivery
 11/05/2015

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

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IGNACIO, CO 81137

Postage	\$3.45	0804	Postmark Here
Certified Fee	\$2.80	05	
Return Receipt Fee (Endorsement Required)	\$0.00		
Restricted Delivery Fee (Endorsement Required)	\$0.00		
Total Postage & Fees	\$6.74	11/05/2015	

Sent To
 David Robert & Stephanie Witt
 Street & Apt. No.,
 or PO Box No. 10658 State HWY 172
 City, State, ZIP+4 Ignacio, CO 81137

PS Form 3800, July 2014 See Reverse for Instructions

9222 5794 0000 0212 4702

Anderson C203

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

David Robert & Stephanie Witt
 10658 State HWY 172
 Ignacio, CO 81137

2. Article Number (Transfer from service label)
 7014 2120 0002 4675 2328

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Stephanie Witt Agent

B. Received by (Printed Name)
 C. Date of Delivery
 Stephanie Witt 11/05/15

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

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