

**JAMES C KARO
ASSOCIATES
LAND SERVICES**

September 5, 2008

Pariset Family LLLP
c/o Robert Pariset
811 Hale Street
Wray, CO 80758

VIA CERTIFIED MAIL

RE Notice of Drilling Operations
Section 20, Township 1S, Range 44W West, 6th P M
Yuma County, Colorado
Well number(s) Pariset 20-12 (NW/4SW/4)

Dear Mr. Pariset

Pursuant to Rule 305 b(1), of the Rules and Regulations of the Colorado Oil and Gas Conservation Commission ("COGCC"), Rosetta Resources Inc., as Operator, hereby gives notice to you that it intends to commence operations for the drilling of a well or wells for oil/and or gas on the above-referenced lands no sooner than (30 days) from the date of this notice

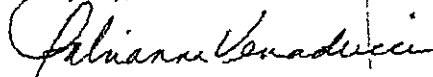
Rule 305.b(1) requires the Operator to post notice on or near the proposed drillsite(s) at least thirty (30) days prior to the commencement of operations. We request your signature below as a waiver of the drillsite posting requirement

Rule 306 provides you the right to a consultation meeting, concerning the proposed operation and location of production facilities, pipelines and roads. The well location(s) will be staked before the consultation. We request that you indicate your consultation preference in the space provided herein. I will be contacting you at a later date to discuss surface damages and access to the location(s)

As surface owner you have the responsibility for notifying any affected tenant of the proposed operations. You may also have the right to request that the COGCC conduct an onsite inspection with you and the Operator. Enclosed is a copy of the COGCC's brochure describing surface owner rights and responsibilities, and the policy for onsite inspections

Please return your signed waiver/consultation preference to me in the envelope provided. Should you have questions, I can be reached at (303) 279-0789

Very truly,



Fabrianna D. Venaducci
James C. Karo
Contract Landman for Rosetta Resources Inc

U.S. Postal Service
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.32

Postmark: Wray, CO 80758

Sent to: Robert Pariset / Pariset Family LLC
Street, Apt. No. or PO Box No.: 811 Hale St
City, State, ZIP+4: Wray CO 80758

PS Form 3800, August 2006 See Reverse for Instructions



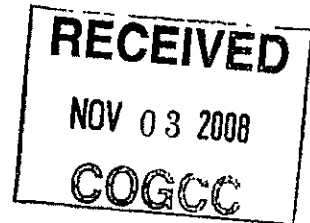
RECEIVED

NOV 03 2008

COGCC

305 LTR

Pariset Family LLLP, c/o Robert Pariset
Section 20, Township 1S, Range 44W West, 6th P M
Yuma County, Colorado
Well number(s) Pariset 20-12 (NW/4SW/4)



Waiver of Drillsite Notice Posting Requirement:

I/We hereby waive the drillsite notice posting requirement of Rule 305 b(1). In addition, I/We hereby acknowledge the receipt of a copy of the Oil and Gas Well Notification Conservation and Reclamation Rules

Pariset Family LLLP
By Robert Pariset

My consultation preference is:

- ☐ Waive
☐ Consultation in person
☐ Consultation with my tenant

Tenant's Name _____

Address _____

Telephone _____

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.		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>x Scott Pariset</i></p> <p>B. Received by (Printed Name) <i>Scott Pariset</i> C. Date of Delivery <i>9/16/08</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below</p>	
1. Article Addressed to <i>Pariset Family LLLP c/o Robert Pariset 811 Hale St Wray, CO 80758</i>		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"/> COD	
2. Article Number (Transfer from service label) <i>7008 0500 0000 5581 6096</i>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-04-15r