

December 9, 2009



**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Wayne & Gloria Cox
29081 CO RD EE
Wray, CO 80758

RE: Surface Owner Notification
Section: 34, Township 1S, Range 44W, 6th PM
Yuma County, Colorado
Well Number(s): Cox 34-06 (SE ¼, NW ¼), Cox 34-11 (NE ¼, SW ¼)

Dear Mr. and Mrs. Cox:

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

As surface owner, you have the responsibility for notifying any affected tenant of the proposed operations. In addition, you may have the right to request that the COGCC conduct an onsite inspection with you and Rosetta Resources. Enclosed is a copy of the COGCC's brochure describing Surface Owner Rights and Responsibilities and the Policy for Onsite Inspections.

Also, in accordance with Rule 306, you have the right to a consultation concerning the proposed operations. A consultation page is enclosed to indicate your preference. Please sign, date and return the election page in the envelope provided. Otherwise, Skip Evanson will contact you again to set-up a post meeting. Please note: the well location(s) will be staked before the consultation.

Should you have any questions, please do not hesitate to contact me at 713-335-4104 or shawn.hildreth@rosettaresources.com or Skip Evanson at 970-630-6269.

Sincerely,

A handwritten signature in black ink that reads 'Shawn Hildreth'.

Shawn Hildreth
Regulatory Analyst

Enclosures

December 9, 2009

Wayne & Gloria Cox
Section: 34, Township 1S, Range 44W, 6th PM
Yuma County, Colorado
Well Number(s): Cox 34-06 (SE 1/4, NW 1/4), Cox 34-11 (NE 1/4, SW 1/4)

My consultation preference is:

- Waive
- Consultation in person
- Consultation with my tenant

Tenant's Name _____

Address _____

Telephone _____

7160 3901 9848 5929 0106

TO: WAYNE & GLORIA COX
29081 CO RD EE
WRAY CO 80758

Wayne Cox _____

SENDER: Cox 34- 06, 11

Gloria Cox _____

REFERENCE:

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	0.00

Article Number



7160 3901 9848 5929 0106

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____

B. Date of Del _____

12-14-09

C. Signature _____

X *Gloria Cox*

Ag

Ac

Ye

No

D. Is delivery address different from item 1?
If YES, enter delivery address below:

US Postal Service
**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do Not Use for International Mail

POSTMARK OR DATE

12/11/09

Service Type **CERTIFIED MAIL**

Restricted Delivery? (Extra Fee) Yes

Article Addressed to:

WAYNE & GLORIA COX
9081 CO RD EE
WRAY CO 80758