



June 8, 2010

**Certified Article Number**

7160 3901 9848 5929 1004

**SENDERS RECORD**

**CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Virginia L. Shea ET AL  
C/O Stephen Allison  
30173 County Road 35  
Wray, CO 80758

RE: Surface Owner Notification  
Section: 23, Township 1S, Range 44W, 6<sup>th</sup> PM  
Yuma County, Colorado  
Well Number(s): Kirwin 23-10 (NW ¼, SE ¼), Kirwin 23-13 (SW ¼, SW ¼),  
Shea 23-12 (NW ¼, SW ¼), Shea 23-14 (SE ¼, SW ¼),  
Shea 23-15 (SW ¼, SE ¼)

Dear Mr. Allison:

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 to schedule 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](mailto: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

Virginia L. Shea ET AL  
C/O Stephen Allison  
Well Number(s): Kirwin 23-10 (NW ¼, SE ¼), Kirwin 23-13 (SW ¼, SW ¼),  
Shea 23-12 (NW ¼, SW ¼), Shea 23-14 (SE ¼, SW ¼),  
Shea 23-15 (SW ¼, SE ¼)

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**My consultation preference is:**

- Waive
- Consultation in person
- Consultation with my tenant

Tenant's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

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Stephen Allison

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Date