

December 21, 2012

**VIA CERTIFIED MAIL: 7010-2780-0001-0624-2044**

Early Emma A Trust  
5059 Keil Coulee RD  
LA Crosse, WI 54601-0000

RE: 30 Day Surface Owner Notification  
Grouper 09-28  
NESE, Section 28, Township 19S, Range 69W  
Fremont County, Colorado

Dear Sir or Madam,

Pursuant to Rules 305 and 306 of the Colorado Oil and Gas Conservation Commission (COGCC), Incremental Oil and Gas, LLC (Incremental) provides the following information to you:

1. Incremental intends to commence operations for the drilling of the captioned wells. We estimate the commencement of operations with heavy equipment shall occur within 90 days. However, due to equipment availability and scheduling, such operations may occur earlier.

The operator of the captioned wells is: Incremental Oil and Gas, LLC (Incremental).

2. The location of the above captioned well follows:

Grouper 09-28 NESE, Section 28, Township 19S, Range 69W  
Fremont County, Colorado

3. Under the COGCC rules the surface owner is responsible for notifying any affected tenant of the proposed operations.
4. Under COGCC Rule 306, the affected surface owner is entitled to a consultation with the operator. Enclosed is a self-addressed, prepaid envelope for your use in returning the Consultation Form enclosed.
5. Also enclosed is a copy of the COGCC's informational brochure for surface owners containing rules pertaining to notice of oil and gas operations and opportunities for consultation thereon.

*We are what we repeatedly do. Excellence, then, is not an act, but a habit.*

*-Aristotle*



1801 W. 13<sup>th</sup> Ave  
Denver, CO 80204  
Ph: 303.928.7128  
[www.petro-fs.com](http://www.petro-fs.com)

Please call me at (303) 407-1282 with any questions you may have concerning the proposed operations.

Respectfully,

A handwritten signature in blue ink that reads "Julie L. Padilla". The signature is written in a cursive, flowing style.

Julie L. Padilla  
Regulatory Manager  
Agent for Incremental Exploration and Production, LLC.

Enclosures

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### CONSULTATION FORM

Please complete and return in the self-addressed prepaid envelope.

Surface Owner Name: \_\_\_\_\_

Surface Owner Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Check Appropriate Box(s):

I do not want a consultation

I do want to be consulted concerning proposed operations

I want to appoint a Tenant to be consulted

Tenant Name: \_\_\_\_\_

Tenant Address: \_\_\_\_\_

Tenant City, State & Zip: \_\_\_\_\_

Tenant Phone #: \_\_\_\_\_

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