

December 9, 2009



**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Marion & Hazel Chapman
25933 CO RD DD
Wray, CO 80758

RE: Surface Owner Notification
Section: 27, Township 1S, Range 45W, 6th PM
Yuma County, Colorado
Well Number(s): Chapman 27-03 (NE ¼, NW ¼), Chapman 27-04 (NW ¼, NW ¼)
Chapman 27-05 (SW ¼, NW ¼), Chapman 27-06 (SE ¼, NW ¼)

Dear Mr. and Mrs. Chapman:

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,

Shawn Hildreth
Regulatory Analyst

Enclosures

December 9, 2009

Marion & Hazel Chapman
 Section: 27, Township 1S, Range 45W, 6th PM
 Yuma County, Colorado
 Well Number(s): Chapman 27-03 (NE ¼, NW ¼), Chapman 27-04 (NW ¼, NW ¼)
 Chapman 27-05 (SW ¼, NW ¼), Chapman 27-06 (SE ¼, NW ¼)

My consultation preference is:

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

Tenant's Name _____

Address _____

Telephone _____

Marion Chapman

Hazel Chapman

7160 3901 9848 5929 0069

TO: MARION & HAZEL CHAPMAN
 25933 CO RD DD
 WRAY CO 80758

SENDER: Chapman 27-03, 04, 05, 06

REFERENCE:

PS Form 3800, January 2005

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

US Postal Service
**Receipt for
 Certified Mail**

No Insurance Coverage Provided
 Do Not Use for International Mail

POSTMARK OR DATE

12/11/09

2. Article Number



7160 3901 9848 5929 0069

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:

MARION & HAZEL CHAPMAN
 25933 CO RD DD
 WRAY CO 80758

COMPLETE THIS SECTION ON

A. Received by (Please Print Clearly)

C. Signature

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

- ☐ Agent
☒ Addressee
☐ Yes
☐ No