



January 18, 2013

Chandler Creek CO's
General Partnership
P.O. Box 370286
Denver, CO 80237-0286

VIA CERTIFIED MAIL: 7010-2780-0001-0624-2150

RE: 30 Day Surface Owner Notification
Bass 08-07
SENE, Section 7, Township 20S, 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 180 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 wells are as follows:

Bass 08-07

SENE, Section 7, Township 20S, 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.

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

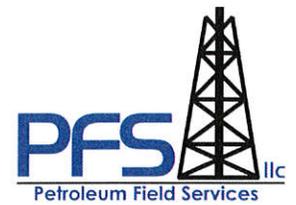
Respectfully,

Jennifer Angel-Lear
Regulatory Technician
Agent for Incremental Oil and Gas, LLC (Incremental)

Enclosures

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

-Aristotle



1801 W. 13th Ave
Denver, CO 80204
Ph: 303.928.7128
www.petro-fs.com

CONSULTATION FORM

Well: Bass 08-07

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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