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Document Number: <div>400560855</div>			
Date Received:			

SUNDRY NOTICE

Submit a signed original. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full in Comments or provide as an attachment. Identify Well by API Number; identify Oil and Gas Location by Location ID Number; identify other Facility by Facility ID Number.

OGCC Operator Number: 10489	Contact Name Loni Davis	<div>Complete the Attachment Checklist</div> <div>OP OGCC</div>
Name of Operator: AUGUSTUS ENERGY RESOURCES LLC	Phone: (970) 332-3585	
Address: 36695 HWY 385	Fax: (970) 332-3587	
City: WRAY State: CO Zip: 80758	Email: ldavis@augustusenergy.com	
API Number : 05- 125 12079 00	OGCC Facility ID Number: 436231	Survey Plat
Well/Facility Name: Five Rivers	Well/Facility Number: 22-19 2N46W	Directional Survey
Location QtrQtr: SENW Section: 19 Township: 2N Range: 46W Meridian: 6		Srvc Eqpmt Diagram
County: YUMA Field Name: WILDCAT		Technical Info Page
Federal, Indian or State Lease Number:		Other

GROUND WATER SAMPLING

Uses of Ground Water Sampling Section

Request an Exception to Ground Water Sampling Requirements in Greater Wattenberg Area Rule 318A.e(4) or in Statewide Rule 609.c. Request a Previously Sampled Water Source in the COGIS database be used to meet sampling requirements as described in Rule 609.d.(3).
NOTE: If this Sundry Notice is being submitted to request a Ground Water Sampling Exception it cannot be used for any other purpose except requesting the use of a Previously Sampled Water Source in the COGIS database.

- ☐ Request an Exception to Ground Water Sampling Requirements per Greater Wattenberg Area Rule 318A.e(4):There are no Available Water Sources located within the governmental quarter section or within a previously unsampled governmental quarter section within a ½-mile radius of this proposed Oil and Gas Well, Multi-Well Site, or Dedicated Injection Well.
- ☒ Request an Exception to Ground Water Sampling Requirements per Statewide Rule 609.c.

7

Number of Water Sources located within one-half (1/2) mile of a proposed Oil and Gas Well, Multi-Well Site, or Dedicated Injection Well.

3

Number of Water Source Exceptions requested per Rule 609.c.

0

Number of Water Sources determined to be unsuitable. The condition of these Water Sources MUST be documented in the comments below or in an attachment.

3

Number of Water Sources suitable for testing whose owners refused to grant access despite an operator's reasonable good faith efforts to obtain consent to conduct sampling.
The reasonable good faith efforts used to obtain access from the owners of these Water Sources MUST be documented in the comments below or in an attachment.
- ☐ Request a Previously Sampled Water Source in the COGIS database be used to meet sampling requirements as described in Rule 609.d(3)

Type of Sample Substitution Request

Enter Sample ID Number from COGIS Maps for each Previous Water Sample:

Sample ID	Facility ID	Sample Date	Sample Purpose

COMMENTS

Please see attached Document and e-mail correspondence between Five Rivers Attorney and Augustus Energy Resources regarding their request to not have their water wells tested. The DWR website is not updated per conversations with surface owner. Permit # 76015, # 11433-F and 11432-F are the only active water wells on Five Rivers property. Permit # 77389 and 32931 are not active per Surface owner. Permit # 0114721 will be sampled per request of Kathleen Monk water well owner. The attached Map shows 7 water wells, but not all are active (see comments above)

Operator Comments:

Please see comments under Ground Water Sampling tab and the attachments for best effort to have wells tested.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Loni Davis
Title: Oper Acctg & Reg. Spec Email: ldavis@augustusenergy.com Date: _____

Based on the information provided herein, this Sundry Notice (Form 4) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:**COA Type****Description**

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General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)

Attachment Check List**Att Doc Num****Name**

400560903	CORRESPONDENCE
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Total Attach: 1 Files