

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number: <div>400753023</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: 10453	Contact Name	Chrissy Schaffner	<div>Complete the Attachment Checklist</div> <div>OP OGCC</div>	
Name of Operator: CCI PARADOX UPSTREAM LLC	Phone:	(303) 728-2217		
Address: 600 17TH STREET #1900S	Fax:	(720) 728-2215		
City: DENVER	State: CO	Zip: 80202		
Email: chrissy.schaffner@cci.com				
API Number : 05- 113 06272 00	OGCC Facility ID Number:	437463	Survey Plat	
Well/Facility Name: Summit Point Federal	Well/Facility Number:	1	Directional Survey	
Location QtrQtr: NENW	Section: 6	Township: 43N	Range: 19W	Meridian: N
County: SAN MIGUEL	Field Name:	WILDCAT		Technical Info Page
Federal, Indian or State Lease Number:	COC-069518		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.

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.

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

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.**

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 accept CCI Paradox Upstream, LLC request for an Exception to the Groundwater Sampling Requirement per Statewide Rule 609.c as the nearest water well to the Summit Point Federal #1 well is 2.7 miles away. Please see the attached exhibit.

Operator Comments:

Please accept CCI Paradox Upstream, LLC request for an Exception to the Groundwater Sampling Requirement per Statewide Rule 609.c as the nearest water well to the Summit Point Federal #1 well is 2.7 miles awa. Please see the attached exhibit showing this.

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

Signed: _____ Print Name: Ashley Noonan
Title: Regulatory Analyst Email: ashley.noonan@contractor.cci.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:**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
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400753029	OTHER
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Total Attach: 1 Files