

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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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: 10447 Contact Name Rob Bleil
 Name of Operator: URSA OPERATING COMPANY LLC Phone: (970) 625-9922
 Address: 602 SAWYER STREET #710 Fax: ()
 City: HOUSTON State: TX Zip: 77007 Email: rbleil@ursaresources.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 045 22471 00 OGCC Facility ID Number: 438299
 Well/Facility Name: TOMPKINS Well/Facility Number: 31A-08-07-95
 Location QtrQtr: SESE Section: 5 Township: 7S Range: 95W Meridian: 6
 County: GARFIELD Field Name: PARACHUTE
 Federal, Indian or State Lease Number: _____

Survey Plat		
Directional Survey		
Srvc Eqpmt Diagram		
Technical Info Page		
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 1/2-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)

Pre_Drill 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
540461	753876	07/31/2014	609Pre
540459	753875	07/17/2014	609Pre
540463	753874	07/17/2014	609Pre

COMMENTS

Ursa Operating Company (Ursa) is requesting three (3) previously samped water sources be used to meet sampling requirements as described in COGCC Rule 609. In addition to the API number listed on this Form 4, include the following API #s listed below;

API #:
 045-22471
 045-22482
 045-22479
 045-22483
 045-22480
 045-22482
 045-22481
 045-22483

Operator Comments:

Please forward onto Arthur Koepsell for review.

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

Signed: _____ Print Name: Kris Rowe
 Title: Env. Consultant Email: krowe@hrlcomp.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>

Total: 0 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files