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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:	10311	Contact Name	Jerry	Brian
Name of Operator:	SYNERGY RESOURCES CORPORATION		Phone:	(970) 518-2062
Address:	20203 HIGHWAY 60		Fax:	()
City:	PLATTEVILLE	State:	CO	Zip: 80651 Email:jbrian@syrinfo.com

API Number :	05-	123	41458	00	OGCC Facility ID Number:	441686
Well/Facility Name:	SRC Evans		Well/Facility Number:	33-26-23-14NHZ		
Location QtrQtr:	SWNE	Section:	26	Township:	5N	Range: 66W Meridian: 6
County:	WELD		Field Name:	WATTENBERG		
Federal, Indian or State Lease Number:						

Complete the Attachment
Checklist

OP OGCC

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 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

See attached for list of wells and each well's disqualification from or ineligibility for Ground Water Sampling Requirements. Landowner access received from one landowner, unable to clarify where on the property the well is. Attempts at landowner contact are attached.

Operator Comments:

Variance requested for all production wells associated with location 441696, SRC Evans PAD. One available water source was located and signed landowner access was received. Unable to establish contact with landowner to where on the property the well is located.

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

Signed: _____ Print Name: Brian Christopher
Title: Staff Environmental Scien Email: bchristopher@ltenv.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**

400991127	OTHER
400991130	OTHER

Total Attach: 2 Files