



DE	ET	OE	ES
Document Number: <div>401222588</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:	69175	Contact Name	Randall	Ferguson
Name of Operator:	PDC ENERGY INC		Phone:	(303) 860-5800
Address:	1775 SHERMAN STREET - STE 3000		Fax:	(303) 831-3988
City:	DENVER	State:	CO	Zip: 80203
		Email:	randall.ferguson@pdce.com	

API Number :	05-	123	40541	00	OGCC Facility ID Number:	439743
Well/Facility Name:	Wiedeman		Well/Facility Number:	28G-314		
Location	QtrQtr:	NWNW	Section:	28	Township:	4N
					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		
Srhc 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

Requesting an extensions for the sampling period for all wells on Locations: 439778
API #'s: 05-123-40541, 05-123-40542, 05-123-40543, 05-123-40544, 05-123-40545, 05-123-40546, 05-123-40549, 05-123-40551,
05-123-40552, 05-123-40553, 05-123-40554, 05-123-40556, 05-123-40558, 05-123-40559, 05-123-40561, 05-123-40603

Sample Site ID 754278 (Permit952-R-R, Receipt 0316737): Post-completion sample required by 3/3/2017
Spoke with landowner and this agricultural well will not be available for sampling until late May or early June.
PDC thereby requests an extension for the post-completion sampling event.

Operator Comments:

--

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

Signed: _____ Print Name: Nikki Graber
Title: Project Geologist Email: ngraber@olssonassociates.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**

------	------

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

 	 	 Stamp Upon Approval
------	------	----------------------------

Total: 0 comment(s)

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

------	------

Total Attach: 0 Files