

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:	10433	Contact Name	Wayne Bankert
Name of Operator:	LARAMIE ENERGY LLC	Phone:	(970) 8125310
Address:	1401 SEVENTEENTH STREET #1400	Fax:	( )
City:	DENVER	State:	CO
Zip:	80202	Email:	wbankert@laramie-energy.com

API Number :	05-	077	10410	00	OGCC Facility ID Number:	450795
Well/Facility Name:	Nichols	Well/Facility Number:	0994-24-09E			
Location	QtrQtr:	SWNE	Section:	24	Township:	9S
					Range:	94W
					Meridian:	6
County:	MESA	Field Name:	BRUSH CREEK			
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.
 

1

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.

4

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.**

1

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**

There is one water well located within a 1/2 mile radius of the well pad. Olsson Associates made contact with the landowner to schedule a sampling, but was told that the well is no longer in operation. The well has been struck by lightning and will not be fixed prior to the conductors being set for this well. As soon as the well is operational, a post-baseline sample will be collected and submitted to the COGCC.

**Operator Comments:**

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

Signed: \_\_\_\_\_ Print Name: Stuart Hall  
Title: Environmental Team Email: shall@olssonassociates.com Date: \_\_\_\_\_  
Leader

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**

 	 	 Stamp Upon Approval
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Total: 0 comment(s)

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

401309202	OTHER
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Total Attach: 1 Files