

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: 401380952			
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: Brad Rogers
Name of Operator: SRC ENERGY INC	Phone: (970) 4755242
Address: 1675 BROADWAY SUITE 2600	Fax: ()
City: DENVER State: CO Zip: 80202	Email: brogers@srcenergy.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 45116 00	OGCC Facility ID Number: 451537
Well/Facility Name: Falken	Well/Facility Number: 31C-14-S
Location QtrQtr: NESE Section: 11 Township: 6N Range: 66W Meridian: 6	
County: WELD Field Name: WATTENBERG	
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)

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

Request variance for DSU 63 well pad (APIs 05-123-45115, 05-123-45103, 05-123-45122, 05-123-45117, 05-123-45101, 05-123-45107, 05-123-45112, 05-123-45114, 05-123-45127, 05-123-45120, 05-123-45125, 05-123-45106, 05-123-45111, 05-123-45119, 05-123-45104, 05-123-45124, 05-123-45121, and 05-123-45116). Made good faith effort to contact landowners to sample qualifying data sources but access was denied, or wells were abandoned or non-operational. Water sources details and denied access documents are attached.

Operator Comments:

Attached is a list of the Exception Water Wells that were reviewed.

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

Signed: _____ Print Name: Paloma Lang
Title: Database Specialist Email: plang@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**

		Stamp Upon Approval
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Total: 0 comment(s)

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

401381151	EXCEPTION LOC REQUEST
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Total Attach: 1 Files