

FORM
4
Rev
04/13

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

CO

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Submit By Other Operator

Document Number:
401612176

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: 10071

Contact Name Paige Koutelas

Name of Operator: HIGHPOINT OPERATING CORPORATION

Phone: (970) 461-7733

Address: 1099 18TH ST STE 2300

Fax: ()

City: DENVER

State: CO

Zip: 80202

Email: pkoutelas@olssonassociates.com

API Number : 05- 123 42308 00

OGCC Facility ID Number: 443617

Well/Facility Name: Critter Creek

Well/Facility Number: 560-1510H

Location QtrQtr: SESW

Section: 15

Township: 11N

Range: 63W

Meridian: 6

County: WELD

Field Name: HEREFORD

Federal, Indian or State Lease Number:

Complete the Attachment Checklist

OP OGCC

Survey Plat

Directional Survey

Srfc 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.

0

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.

0

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

Date Run: 5/9/2018 Doc [#401612176]

Page 1 of 2

COMMENTS

A review of data on the COGCC website indicated that there are no water wells available for sampling. Please see attached map.
This sundry is for all wells on location #443619
API #'s: 123-42308, 123-42309, 123-42310, 123-42311

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: Paige Koutelas
Title: Associate Scientist Email: pkoutelas@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**

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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**

401612183	LOCATION DRAWING
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Total Attach: 1 Files