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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: 10670

Contact Name Asher Weinberg

Name of Operator: MALLARD EXPLORATION LLC

Phone: (770) 757-4740

Address: 1821 BLAKE STREET STE 2B

Fax: ()

City: DENVER

State: CO

Zip: 80202

Email: aweinberg@quandaryconsultants.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 46636 00

OGCC Facility ID Number: 454587

Well/Facility Name: Cinnamon Teal Fed

Well/Facility Number: 35-1HN

Location QtrQtr: SESW

Section: 35

Township: 8N

Range: 60W

Meridian: 6

County: WELD

Field Name: WILDCAT

Federal, Indian or State Lease Number: COC60697

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.

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

The owner of water well receipt#3653034F was contacted by access letter and postcard. To date landowner has not responded to multiple requests for sampling.

Additional production wells to be drilled from the same pad include:

Cinnamon Teal Fed # 35-1HN 05-123-46636
Cinnamon Teal Fed # 35-6HC 05-123-46637
Cinnamon Teal Fed # 35-2HC 05-123-46638
Cinnamon Teal Fed # 35-7HN 05-123-46639
Cinnamon Teal Fed # 35-4HN 05-123-46640
Cinnamon Teal Fed # 35-8HN 05-123-46641
Cinnamon Teal Fed # 35-3HN 05-123-46642
Cinnamon Teal Fed # 35-5HN 05-123-46643
Cinnamon Teal # 35-13HN 05-123-46645
Cinnamon Teal # 35-15HC 05-123-46646
Cinnamon Teal # 35-14HN 05-123-46647
Cinnamon Teal # 35-12HN 05-123-46648
Cinnamon Teal # 35-11HC 05-123-46649
Cinnamon Teal # 35-16HN 05-123-46650

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: Asher Weinberg
Title: Co-Founder Email: aweinberg@quandaryconsultants.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**

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Total Attach: 0 Files