

State of Colorado Oil and Gas Conservation Commission

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



| | | | |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Submit By Other Operator

Document Number:

401691180

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) 635-3724
Address: 1099 18TH ST STE 2300 Fax: (970) 635-3709
City: DENVER State: CO Zip: 80202 Email: pkoutelas@olssonassociates.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 42505 00 OGCC Facility ID Number: 444161
Well/Facility Name: Critter Creek Well/Facility Number: 522-1527H
Location QtrQtr: SWSW Section: 15 Township: 11N Range: 63W Meridian: 6
County: WELD Field Name: HEREFORD
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 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 |
|-----------|-------------|-------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

COMMENTS

A review of data on the COGCC website indicates that there are no water wells available for sampling. Please see attached map.
This sundry is for all wells on location #444163
API #'s: 123-42505, 123-42506

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**

| | |
|--|--|
| | |
|--|--|

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

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

Total: 0 comment(s)

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

| | |
|-----------|------------------|
| 401691190 | LOCATION DRAWING |
|-----------|------------------|

Total Attach: 1 Files