



DE	ET	OE	ES
Document Number: <div>401692345</div>			
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: 96850	Contact Name	Jessie Pahler	<div>Complete the Attachment Checklist</div> <div>OP OGCC</div>	
Name of Operator: TEP ROCKY MOUNTAIN LLC	Phone:	(970) 242-0170		
Address: PO BOX 370	Fax:	()		
City: PARACHUTE	State: CO	Zip: 81635		
Email: jpahler@hotmail.com				
API Number : 05- 045 23900 00	OGCC Facility ID Number:	454633	Survey Plat	
Well/Facility Name: CLOUGH	Well/Facility Number:	NR 411-3	Directional Survey	
Location QtrQtr: NESW	Section: 3	Township: 6S	Range: 94W	Meridian: 6
County: GARFIELD	Field Name:	RULISON	Technical Info Page	
Federal, Indian or State Lease Number:			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

No water sources were found within a 1/2 mile radius of well pad NR 23-3. Please see attached document for details. This sundry applies to API numbers:

05-045-23900
05-045-23901
05-045-23902
05-045-23903
05-045-23904
05-045-23905
05-045-23906
05-045-23907
05-045-23908
05-045-23909
05-045-23910
05-045-23911
05-045-23912
05-045-23913
05-045-23914
05-045-23915
05-045-23916
05-045-23917
05-045-23918
05-045-23919
05-045-23920
05-045-23921
05-045-23922
05-045-23923
05-045-23924
05-045-23925
05-045-23926

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: Jessie Pahler

Title: Project Scientist Email: jpahler@hotmail.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**

401692350	OTHER
-----------	-------

Total Attach: 1 Files