

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
Document Number: 402074229			
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:	81490	Contact Name	ANDY PETERSON
Name of Operator:	ST CROIX OPERATING INC	Phone:	(970) 203-4263
Address:	P O BOX 13799	Fax:	()
City:	DENVER	State:	CO
Zip:	80201	Email:	andy@petersonenergyoperating.com

Complete the Attachment
Checklist

OP OGCC

API Number :	05-	121	11085	00	OGCC Facility ID Number:	463328			
Well/Facility Name:	ROCKY			Well/Facility Number:	1				
Location QtrQtr:	NWNW	Section:	8	Township:	3S	Range:	50W	Meridian:	6
County:	WASHINGTON			Field Name:	WILDCAT				
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.
- 2 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.
- 2 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 318A.f.(2)A. (for Initial Baseline (pre-drill) ONLY) or 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

1 water well permit expired and the other permit was issued, not drilled, making sampling impossible.

With this sundry we are requesting an exception to the required testing.

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: Paul Gottlob

Title: Regulatory & Engin. Tech. Email: paul.gottlob@iptenergyservices.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**

------	------

Total Attach: 0 Files