

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: <u>402219102</u>			
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 Mike Gardner
 Name of Operator: TEP ROCKY MOUNTAIN LLC Phone: (970) 2632760
 Address: PO BOX 370 Fax: ()
 City: PARACHUTE State: CO Zip: 81635 Email: mgardner@terraep.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 045 24286 00 OGCC Facility ID Number: 468719
 Well/Facility Name: FEDERAL Well/Facility Number: RWF 531-12
 Location QtrQtr: LOT 5 Section: 12 Township: 6S Range: 94W Meridian: 6
 County: GARFIELD Field Name: RULISON
 Federal, Indian or State Lease Number: COC073085

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 1/2-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 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

No water sources available for sampling were located within a 1/2 mile radius of well pad RWF 12-12 (Facility ID 324362). Please see attached document for details. This sundry applies to API numbers:

05-045-24269
 05-045-24270
 05-045-24271
 05-045-24272
 05-045-24273
 05-045-24274
 05-045-24275
 05-045-24276
 05-045-24277
 05-045-24278
 05-045-24279
 05-045-24280
 05-045-24281
 05-045-24282
 05-045-24283
 05-045-24284
 05-045-24285
 05-045-24286

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@westernwaterandland.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:

<u>COA Type</u>	<u>Description</u>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402219229	OTHER

Total Attach: 1 Files