

State of Colorado
Oil and Gas Conservation Commission

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



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Document Number: <u>402245446</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: 47120 Contact Name Erik Mickelson
Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-4306
Address: P O BOX 173779 Fax: ()
City: DENVER State: CO Zip: 80217-3779 Email: Erik_Mickelson@oxy.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 50637 00 OGCC Facility ID Number: 469317
Well/Facility Name: WINDSOCK Well/Facility Number: 21-1HZ
Location QtrQtr: SWSE Section: 21 Township: 1N Range: 68W Meridian: 6
County: WELD Field Name: WATTENBERG
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 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.
- _____ 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.
- _____ Number of Water Source Exceptions requested per Rule 609.c.
- _____ 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.**
- _____ 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

Multi-well exception also applies to Windsock 21-2HZ API#05-123-50631, Windsock 21-3HZ API#05-123-50635, Windsock 21-4HZ API#05-123-50632, Windsock 21-5HZ API#05-123-50633, Windsock 21-6HZ API#05-123-50638, Windsock 21-7HZ API#05-123-50629, Windsock 21-8HZ API#05-123-50630, Windsock 21-9HZ API#05-123-50634, Windsock 21-10HZ API#05-123-50639, Windsock 21-11HZ API#05-123-50636.

Operator Comments:

Attn: Arthur Koepsell

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Tanya Cude
Title: Environmental Scientist Email: Tanya.Cude@Absarokasolutions.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
402245455	OTHER

Total Attach: 1 Files