

# 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
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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 50811 00	OGCC Facility ID Number:	472107
Well/Facility Name:	CUMMINGS	Well/Facility Number:	19-1HZ
Location QtrQtr:	NWNW	Section:	19
Township:	5N	Range:	67W
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 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.

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  
Cummings 19-2HZ 05-123-50819  
Cummings 19-3HZ 05-123-50812  
Cummings 19-4HZ 05-123-50818  
Cummings 19-5HZ 05-123-50817  
Cummings 19-6HZ 05-123-50813  
Cummings 19-7HZ 05-123-50815  
Cummings 19-8HZ 05-123-50821  
Cummings 19-9HZ 05-123-50810  
Cummings 19-10HZ 05-123-50816  
Cummings 19-11HZ 05-123-50814  
Cummings 19-12HZ 05-123-50809  
Cummings 19-13HZ 05-123-50820

**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**

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

		Stamp Upon Approval
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Total: 0 comment(s)

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

402331547	OTHER
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Total Attach: 1 Files