

State of Colorado  
Energy & Carbon Management Commission

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Document Number: <b>403550679</b>			
Date Received:			

**SUNDRY NOTICE**

This form is required for reports, updates, and requests as specified in the COGCC rules. It is also used to request changes to some aspects of approved permits for Wells and Oil and Gas Locations.

OGCC Operator Number: <u>10670</u>	Contact Name <u>Kathleen Scaturro</u>
Name of Operator: <u>BISON IV OPERATING LLC</u>	Phone: <u>(303) 408-9481</u>
Address: <u>518 17TH STREET SUITE 1800</u>	Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>scaturro@2dot-consulting.com</u>

FORM 4 SUBMITTED FOR:

Facility Type: LOCATION

API Number : 05- 123 00 ID Number: 477204

Name: Ancona Number: Pad

Location QtrQtr: NESE Section: 29 Township: 8N Range: 61W Meridian: 6

County: WELD Field Name: \_\_\_\_\_

Oil & Gas Location(s) and Oil & Gas Development Plan (OGDP) Information

Location(s)

Location ID	Location Name and Number
477204	Ancona Pad

OGDP(s)

No OGDP

**GROUNDWATER SAMPLING**

Uses of Groundwater Sampling Section

Request exceptions to current Groundwater sampling requirements in Rules 615.c and 907.b.(9) or to request exceptions to the requirements in previous Rules 318A.f and 609.

Request a previously sampled Water Source in the COGIS database be used to meet sampling requirements described in Rules 615.c.(3) and 907.b.(9).A or requirements in previous Rules 318A.f and 609.d.(3).

**NOTE: If this Sundry Notice is being submitted to request a Groundwater 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 Groundwater Sampling Requirements per previous Rule 318A.f: 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 exceptions to current Groundwater sampling requirements in Rules 615.c and 907.b.(9) or previous Rule 609.c.

5 Number of Water Sources located within one-half mile of an oil or gas well or multi-well site (Rule 615.c) or within one (1) mile of a Centralized E&P Waste Management Facility (Rule 907.b.(9)).

4 Number of Water Source Exceptions requested per Rule 615.c or Rule 907.b.(9).

5 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 615.d.(3) and 907.b.(9) or as described in previous Rules 318A.f.(2).A and 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**

There were 5 water wells documented on DWR within 1/2 mile of the Ancona Pad. However, there are no available water sources to collect a groundwater sample for the Ancona Pad (3 water wells had expired permits, 1 water well is a monitoring hole, and 1 water well has a permit, but has not been drilled).

**Operator Comments:**

Form 4 Sundry is requested due to no available water sources.

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

Signed: \_\_\_\_\_ Print Name: Kathleen Scaturro  
 Title: Vice President Email: scaturro@2dot-consulting.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
0 COA	

**General Comments**

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

**Attachment List**

Att Doc Num	Name
403550690	OTHER

Total Attach: 1 Files