

State of Colorado Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



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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: 66190	Contact Name: Sandra Hernandez
Name of Operator: OMIMEX PETROLEUM INC	Phone: (817) 460-7777 x242
Address: 7950 JOHN T WHITE ROAD	Fax: (817) 460-1381
City: FORT WORTH	State: TX Zip: 76120
Email: sandra_hernandez@omimexgroup.com	

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 095 06467 00	OGCC Facility ID Number: 439183
Well/Facility Name: Kennedy State	Well/Facility Number: 11-36-7-45
Location QtrQtr: NESW	Section: 36 Township: 7N Range: 45W Meridian: 6
County: PHILLIPS	Field Name: HOLYOKE SOUTH
Federal, Indian or State Lease Number: 9266.7	

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.
- 1 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 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

The COGCC GIS Map shows 1 water well within 1/2 mile radius of the Kennedy Sate 11-36-7-45 O&G well. The water well was discovered to be mismarked. The water well is located in range 46 W and not in 45W as reported in the CDWR and COGCC GIS map; therefore it is not with the 1/2 mile radius of the Kennedy State O&G well.
There is another water well that does not show up in the COGCC GIS Map but is within 1/2 mile radius of our O&G well and was sampled by Omimex. The water well sits at the approximate coordiantes 40.533005, -102.339727.

Operator Comments:

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

Signed: _____ Print Name: Sandra Hernandez
Title: HSE Coordinator Email: sandra_hernandez@omimexgroup.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:**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files