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05-067-08876  
Loc # 333988

110 1179  
entire



Michael J. Nelson  
Senior Environmental Coordinator  
San Juan / Rockies Business Unit

P. O. Box 2197, 3WL-6102  
Houston, TX 77252-2197  
Phone: 832.486.2316

Michael.J.Nelson@conocophillips.com

RECEIVED

MAR 15 04

COGCC

March 10, 2004

Mr. And Mrs. Claude Callison  
2706 CR 214  
Durango, CO 81303

M

**RE: Water Well Analysis**  
**Pre Well Completion Test - Wilson 34-9 #29-4**

ASSOC

067-08876

Dear Mr. And Mrs. Callison:

Please find attached the analytical reports for water samples collected from your water well on September 21, 2003. Analytical results are provided in reports from Green Analytical Laboratories, Inc., Four Corners Geoscience, and Colorado Dept. of Public Health and Environment.

Please contact me at (832) 486-2316 if you have any questions concerning these reports.

Sincerely,

Michael J. Nelson  
Senior Environmental Coordinator

Attachments

cc: Ms. Debbie Baldwin - Colorado Oil and Gas Conservation Commission

bcc: Bob Wirtanen w/o attachments  
Rick Wiederstein/402.25 infill water well testing  
Mike Mankin w/o attachments  
Lynn Fechter - Four Corners Goescience w/o attachments  
Mike Finney – Finney Land Company w/o attachments



GAL ID No.: 309-076,01-03

October 21, 2003

Conoco Phillips  
PO Box 2197  
Houston, TX 77252  
Attention Michael Nelson

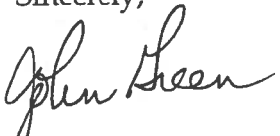
Project Name: Wilson 34-9 #29-4  
Project Number: 092103-1,2,3  
Date Received: 09/22/03

This is to transmit the attached analytical report. The analytical data and information contained therein was generated using specified or selected methods contained in references, such as Standard Methods for the Examination of Water and Wastewater, 18th & 19th editions, and Methods for Determination of Organic Compounds in Drinking Water, EPA-600/4-79-020.

Samples were received by Green Analytical Laboratories, Inc. in good condition on 09/22/03.

If you should have any questions or comments regarding this report, please do not hesitate to call.

Sincerely,

  
John Green  
Laboratory Director

Enclosure

110 1179

Green Analytical Laboratories, Inc.  
75 Suttle Street  
Durango, CO 81303

Conoco Phillips  
PO Box 2197  
Houston, TX 77252  
Attention: Michael Nelson

**GAL I.D.:** 309-076-03

Date Received: 09/22/03

Date Reported: 10/21/03

QC Batches:

**PROJECT NAME:** Wilson 34-9 #29-4  
**PROJECT NUMBER:** 092103-3  
**SAMPLE I.D.:** Claude & Trudy Callison (Pre)

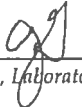
Sample Date: 09/21/03

Sample Matrix: Water

## Laboratory Report

### RESULTS

PARAMETER	METHOD	REPORT		DIL	UNITS	Maximum Contamination Level
		LIMIT	RESULT			
Alkalinity as CaCO <sub>3</sub>	2320B	10	292	1	mg/L	
Bicarbonate as CaCO <sub>3</sub>	2320B	10	292	1	mg/L	
Carbonate as CaCO <sub>3</sub>	2320B	10	<10	1	mg/L	
Hydroxide as CaCO <sub>3</sub>	2320B	10	<10	1	mg/L	
Calcium	200.7	0.5	86.3	1	mg/L	
Chloride	4500CL	10	10	1	mg/L	
Conductivity	2510B	1.0	676	1	uS/cm	
Fluoride	4500F C	0.2	<0.2	1	mg/L	4.0
Iron	200.7	0.05	<0.05	1	mg/L	
Magnesium	200.7	0.5	16.2	1	mg/L	
Nitrate/Nitrite as N	353.3	0.02	1.37	1	mg/L	
pH	150.1	NA	7.44	NA	SU	
Potassium	200.7	0.5	1.3	1	mg/L	
Selenium	3114B	0.001	0.002	1	mg/L	0.05
Sodium	200.7	0.5	16.3	1	mg/L	
Sulfate	4500SO <sub>4</sub>	10	20	1	mg/L	
TDS	2540C	10	290	1	mg/L	
Hardness, as CaCO <sub>3</sub>	Calc	10	282	1	mg/L	
CAB	Calc		7.27		%	

  
John Green, Laboratory Manager



# CHAIN OF CUSTODY RECORD

Page 1 of 1

Client: Conoco-Phillips  
Contact: Michael Nelson  
Address: P.O. Box 2197  
Houston TX 77252  
Phone Number: 832-486-2316  
FAX Number: 832-486-2764

## NOTES:

- 1) Ensure proper container packaging.
- 2) Ship samples promptly following collection.
- 3) Designate Sample Reject Disposition.

PO# TKelly  
Project Name: WILSON 34-9  
# 29-4

Table 1. - Matrix Type

1 = Surface Water, 2 = Ground Water  
3 = Soil/Sediment, 4 = Rinsate, 5 = Oil  
6 = Waste, 7 = Other (Specify)

FOR GAL USE ONLY

GAL JOB #

304-076

Samplers Signature: [Signature]

Lab Name: Green Analytical Laboratories, Inc. (970) 247-4220 FAX (970) 247-4227		Analyses Required												
Address: 75 Suttle Street, Durango, CO 81303														
Sample ID	Collection		Miscellaneous			Preservative(s)					Comments			
	Date	Time	Collected by: (Init.)	Matrix Type From Table 1	No. of Containers	Sample Filtered ? Y/N	Unpreserved (Ice Only)	HNO3	HCL	H2SO4		NAOH	Other (Specify)	
1. <u>Jim Barbara</u>	<u>9/21/03</u>	<u>1145</u>	<u>g</u>	<u>2</u>	<u>3</u>	<u>N</u>	<u>✓</u>			<u>✓</u>			<u>No</u>	
2. <u>692103-1 Clau</u>													<u>1 No</u>	
3. <u>Protect</u>													<u>1 No</u>	
4. <u>Ammonia Net</u>	<u>9/20/03</u>	<u>1235</u>	<u>u</u>	<u>u</u>	<u>u</u>	<u>u</u>	<u>u</u>			<u>1</u>			<u>u</u>	
5. <u>Wilson (9/21/03)</u>														
6. <u>Protect</u>														
7. <u>Clau &amp; Judy</u>	<u>9/21/03</u>	<u>1402</u>	<u>u</u>	<u>u</u>	<u>u</u>	<u>u</u>	<u>u</u>			<u>u</u>			<u>u</u>	
8. <u>Callison</u>														
9. <u>092103-3</u>														
10. <u>Protect</u>														
Relinquished by: <u>[Signature]</u>		Date: <u>9/22/03</u>	Time: <u>1600</u>	Received by: <u>[Signature]</u>		Date: <u>9/22/03</u>	Time: <u>1600</u>							
Relinquished by: <u>[Signature]</u>		Date: <u>9/22/03</u>	Time: <u>1600</u>	Received by: <u>[Signature]</u>		Date: <u>9/22/03</u>	Time: <u>1600</u>							

1179  
entered 4/1/04

Conoco Phillips  
Domestic Water Well Test-LaPlata County,CO  
Groundwater Monitoring Program  
FCGeosciences Water Well Test Report

FCG # 092103-3

BLM COGCC1991

Claude & Trudy Callison (Pretest)

NAME

DATE 9/21/2003

970-247-8754

Telephone#

2706 CR 214 Durango,CO 81303

AddressWaterWell

Same

Mailing Address

Water Well Location and Permit Data

83556

WaterWellPermit#

140

WellDepth(Ft)

115 Permit

StaticWater Level(Ft)

NWSE

29

34

9

2050S1800E

QTRQTR

SECTION

TWP(North)

RGE(West)

FTG

-107.84479

Longitude(DecDegrees)

37.16035

Latitude(DecDegrees)

Garmin GPS NADS CONUS 27

Field Chemistries

7.39

PH\_FIELD

611

COND\_FIELD

382

TDS\_CALC

12.9

WATERTEMP\_

Methane Result in mg/L

<0.0005 mg/L

DetectionLimit 0.0005 mg/L  
USGS/ BLM METHOD

HydrogenSulfide(HACH Test Kit Field)

<0.1 mg/L

Detection Limit 0.1 mg/L

San Juan Basin Health-State of Colorado Health Dept  
Coliform Test Only

Present

ColiformBacteria

Owner states Aquapump installed "low flow cutoff" for well pump. Frostfree faucet near well head. Water clear, no odor, no tint, no bubbles or sediment in sample bucket. COGCC test 7/12/1991.

COMMENTS

Above water well is monitor well for:

Wilson 34-9#29-4

GasWellName

Sec 29 T34 N R9W (SUL)


LocationGasWell

Four Corners Geoscience conducted onsite field chemistries, observations of physical characteristics of well water while pumping well to receive a fresh aquifer sample. Water samples were collected and delivered to Green Analytical Lab located in Durango, Colorado. Methane samples were delivered to Four Corners Geoscience for analysis for methane in accordance with BLM/USGS Method established in 1993 for LaPlata County Colorado. Onsite water well evaluation and sample collection and analysis are conducted in compliance with La Plata County Government and the Colorado Oil and Gas Conservation Commission Order Number 112-156 and 112-157 established in July 2000. Four Corners Geoscience is not liable for the results or interpretation of these analyses. Qualified specialists should be consulted for interpretation or treatment of water.

**San Juan Basin Health Department**

See copy of form from Water bacteriology report for Coliform, below.

**Colilert test for presence or absence of coliform bacteria.**

	<b>LABORATORY &amp; RADIATION SERVICES</b> 8100 LOWRY BOULEVARD DENVER, CO 80230-1928	<b>US MAIL</b> PO BOX 17123 DENVER, CO 80217	<b>WATER BACTERIOLOGY</b>	<h1 style="margin: 0;">TO BE BILLED</h1>
<b>SAMPLE INFORMATION:</b> <input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input checked="" type="checkbox"/> PRIVATE				
PWS ID: <span style="border: 1px solid black; padding: 2px;">  </span> <input type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> RAW <input type="checkbox"/> REPEAT FOR THE MONTH OF _____				
<input type="checkbox"/> SPECIAL PURPOSE <input type="checkbox"/> FINISHED				
NAME OF SYSTEM: <u>Claude &amp; Judy Carlson</u>			CHLORINE RESIDUAL _____ MG/L	
ADDRESS: <u>2706 CR 214 Durango</u>			CITY: _____ COUNTY: <u>CO 81303</u>	
<b>ORDERED BY:</b> (SAMPLE MAY NOT BE TESTED IF ALL INFORMATION IS NOT PROVIDED)				
( ) PHONE _____				
FEE STAMP	4CG # <u>1686</u>			
	NAME: _____			
	ADDRESS: <u>P.O. Box 4224</u>			
	<u>Durango, CO 81302</u>			
CITY/STATE/ZIP: _____				
TEST ORDERED: <input checked="" type="checkbox"/> STD BACT. <input type="checkbox"/> OTHER _____				
DATE: <u>9/21/03</u> TIME: _____ BY: _____				
COLLECTED: _____				
RECEIVED: <u>11</u>				
<b>RESULTS: SEE REVERSE FOR EXPLANATION</b>				
TOTAL COLIFORM: <input checked="" type="checkbox"/> PRESENT <input type="checkbox"/> ABSENT				
MOST PROBABLE NO. _____ COLIFORM/100ML				
J 22 0310161074 <u>No E. Coli pres.</u>				
<input type="checkbox"/> DENVER <input checked="" type="checkbox"/> DURANGO <input type="checkbox"/> GRD. JCT.				
ANALYST: <u>AL</u>				