

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
Document Number: 401108886			
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:	100322	Contact Name	Julie Webb
Name of Operator:	NOBLE ENERGY INC	Phone:	(720) 587-2223
Address:	1625 BROADWAY STE 2200	Fax:	()
City:	DENVER	State:	CO
Zip:	80202	Email:	jwebb@progressivepcs.net

Complete the Attachment
Checklist

OP OGCC

API Number :	05-	123	43479	00	OGCC Facility ID Number:	447244
Well/Facility Name:	Riley			Well/Facility Number:	LD19-722	
Location QtrQtr:	SWSE	Section:	19	Township:	9N	Range: 58W Meridian: 6
County:	WELD	Field Name:	WILDCAT			
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.
- 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.
- 3 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.**
- 1 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

Noble requests an exception to Rule 609 for the LD19-15 Pad well pad. Post cards requesting access to sample 1 qualified water wells within a 1/2 mile of this location were mailed to the landowner(s) on 8/19/2016. To date Noble has not receive access. Once access is received Noble will sample the well.

This exception request applies to the following wells on the pad:

RILEY LD19-715 123-43478
RILEY LD19-722 123-43479
RILEY LD19-738 123-43481
RILEY LD19-752 123-43480

Operator Comments:

--

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

Signed: _____ Print Name: Julie Webb
Title: Senior Regulatory Analyst Email: jwebb@progressivepcs.net 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**

------	------	------

Total: 0 comment(s)

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

401108924	OTHER
-----------	-------

Total Attach: 1 Files