

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
 Phone: (303) 894-2100 Fax: (303) 894-2109



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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: _____	10598	Contact Name	Ken Raymond
Name of Operator: SANDRIDGE EXPLORATION & PRODUCTION LLC		Phone: (405) 429-6630	
Address: 123 ROBERT S KERR AVE		Fax: ()	
City: OKLAHOMA CITY	State: OK	Zip: 73102	Email: kraymond@sandridgeenergy.com

Complete the Attachment
Checklist

OP OGCC

API Number :	05- 057 06562 00	OGCC Facility ID Number:	446806
Well/Facility Name:	Evans 0780	Well/Facility Number:	5-21H
Location QtrQtr:	NESW	Section:	16
Township:	7N	Range:	80W
Meridian:	6		
County:	JACKSON	Field Name:	WILDCAT
Federal, Indian or State Lease Number: _____			

Survey Plat		
Directional Survey		
Srfc 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.
- 0 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

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COMMENTS

There are no available water sources that meet the Series 100 Rule definitions that are located within one-half mile of the proposed production production well location.

Additional well on the pad include:

- Evans 0780 6-21H (API No. 05-057-0656600)
- Evans 0780 7-21H (API No. 05-057-0656700)
- Evans 0780 8-21H (API No. 05-057-0656500)

Operator Comments:

SandRidge Exploration and Production LLC is requesting relief from the groundwater sampling requirements pursuant to COGCC Rule 609.c.1.

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

Signed: _____ Print Name: Ken Raymond
Title: EHS Manager Email: kraymond@sandridgeenergy.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**

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Total Attach: 0 Files