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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:	10447	Contact Name	Dwayne Knudson
Name of Operator:	URSA OPERATING COMPANY LLC	Phone:	(970) 625-9922
Address:	792 BUCKHORN DR	Fax:	()
City:	RIFLE	State:	CO
Zip:	81650	Email:	dknudson@ursaresources.com

API Number :	05-1031227900	OGCC Facility ID Number:	449826
Well/Facility Name:	BR C-24O	Well/Facility Number:	43A-24-2-98
Location QtrQtr:	SWSE	Section:	24
		Township:	2S
		Range:	98W
		Meridian:	6
County:	RIO BLANCO	Field Name:	SULPHUR CREEK
Federal, Indian or State Lease Number:	COC03453		

Complete the Attachment
Checklist

OP OGCC

Survey Plat		
Directional Survey		
Srhc 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

COMMENTS

Ursa Operating Company (Ursa) is requesting an exception to the ground water sampling rule 609 as outlined in COGCC Rule 609.c (1) due to no suitable water wells being present within the 1/2 mile radius. One (1) water well (permit # 0051650) was noted ~1900ft to the east per the DWR website, but after further investigation, it was determined it was a groundwater monitoring well used for site investigation activities in 2013 and is not plotted correctly as there is no water well in that area.

The wells with API #'s that are included in the exception request is as followed;

BR C-24O 42D-24-02-98 05103122850000

BR C-24O 32D-24-02-98 05103122830000

BR C-24O 32C-24-02-98 05103122800000

Operator Comments:

Please forward onto Arthur Koepsell for review

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

Signed: _____ Print Name: Kris Rowe

Title: Env. Consultant Email: krowe@hrlcomp.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