

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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Document Number: 401411621			
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: 96850 Contact Name Jessie Pahler
 Name of Operator: TEP ROCKY MOUNTAIN LLC Phone: (970) 242-0170
 Address: PO BOX 370 Fax: ()
 City: PARACHUTE State: CO Zip: 81635 Email: jpahler@westernwaterandland.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 045 23596 00 OGCC Facility ID Number: 451321
 Well/Facility Name: CHEVRON Well/Facility Number: TR 22-1-698
 Location QtrQtr: NWSW Section: 1 Township: 6S Range: 98W Meridian: 6
 County: GARFIELD Field Name: TRAIL RIDGE
 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.
 - 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

No water sources were identified within a 1/2 mile radius of well pad TR 11-1-698. Please see attached document for details. This sundry applies to API numbers:

05-045-23596
 05-045-23597
 05-045-23598
 05-045-23599
 05-045-23600
 05-045-23601
 05-045-23602
 05-045-23603
 05-045-23604
 05-045-23605
 05-045-23606
 05-045-23607
 05-045-23608
 05-045-23609
 05-045-23610
 05-045-23611
 05-045-23612
 05-045-23613
 05-045-23614
 05-045-23615
 05-045-23616
 05-045-23617
 05-045-23618

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: Jessie Pahler
 Title: Project Scientist Email: jpahler@westernwaterandland.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:

<u>COA Type</u>	<u>Description</u>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401411624	OTHER

Total Attach: 1 Files