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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:	10071	Contact Name	Paige Koutelas
Name of Operator:	HIGHPOINT OPERATING CORPORATION		Phone: (970) 635-3724
Address:	1099 18TH ST STE 2300		Fax: (970) 635-3709
City:	DENVER	State:	CO Zip: 80202 Email: pkoutelas@olsson.com

API Number :	05- 123 46726 00	OGCC Facility ID Number:	454809
Well/Facility Name:	RSU Anschutz Fed	Well/Facility Number:	4-61-04-4040C
Location QtrQtr:	Lot 4	Section:	4 Township: 4N Range: 61W Meridian: 6
County:	WELD	Field Name:	WATTENBERG
Federal, Indian or State Lease Number:	COC74187		

Complete the Attachment
Checklist

OP OGCC

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 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.

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.

Number of Water Source Exceptions requested per Rule 609.c.

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.**

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 318A.f.(2)A. (for Initial Baseline (pre-drill) ONLY) or 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

A review of the data on the COGCC website and contact with water well owners in the area indicates there are no water sources available for sampling. Wells within sampling range are owned by Riverside Reservoir and Land Company and Riverside Irrigation District. I spoke with Don Snider, who is a contact for both companies, and he indicated no wells are currently available for sampling, and none will be in operation until summer.
Please see attached map for reference.
This sundry is for all wells on location #454815
API #'s: 123-46726, 123-46727, 123-46728, 123-46729, 123-46730, and 123-46731

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: Paige Koutelas
Title: Associate Scientist Email: pkoutelas@olsson.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>
401959583	LOCATION DRAWING

Total Attach: 1 Files