

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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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: 10670	Contact Name: Asher Weinberg
Name of Operator: MALLARD EXPLORATION LLC	Phone: (770) 7574740
Address: 1400 16TH STREET SUITE 300	Fax: ()
City: DENVER State: CO Zip: 80202	Email: aweinberg@quandaryconsultants.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 47141 00	OGCC Facility ID Number: 455569
Well/Facility Name: Harlequin	Well/Facility Number: 33-32-2HC
Location QtrQtr: NENE Section: 33 Township: 8N Range: 61W 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.
- 4 Number of Water Source Exceptions requested per Rule 609.c.
- 1 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

Mallard attempted to sample the only water well (Receipts 0473815B and 0473815A) within a half mile radius of the Harlequin North Pad on 7/26/18.

The windmill driven pump associated with the stock water well does not pump enough water to collect an adequate sample. This exception request applies to the follow production wells on the Harlequin North Pad:

Harlequin # 33-32-2HC	05-123-47141
Harlequin # 33-32-4HN	05-123-47142
Harlequin # 33-32-7HN	05-123-47143
Harlequin # 33-32-5HN	05-123-47144
Harlequin # 33-32-1HN	05-123-47145
Harlequin # 33-32-6HC	05-123-47146
Harlequin # 33-32-3HN	05-123-47147
Harlequin # 33-32-8HN	05-123-47148

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: Asher Weinberg

Title: Co-Founder Email: aweinberg@quandaryconsultants.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

Total Attach: 0 Files