

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

08/09/2018

Document Number:

401726079

Domestic Tap

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, or report abandonment of Off-Location Flowlines, Produced Water Transfer Systems, Domestic Taps, or Crude Oil Transfer Lines as required by the 1100 Series Rules. The Form shall also be submitted to report Grade 1 Gas Leaks from Flowlines per Rule 1104.k.

Operator Information

OGCC Operator Number: 96850 Contact Person: Jeff Kirtland
Company Name: TEP ROCKY MOUNTAIN LLC Phone: (970) 263-2736
Address: PO BOX 370 Email: jkirtland@terraep.com
City: PARACHUTE State: CO Zip: 81635
Is the Operator a Tier One member of the Utility Notification Center of Colorado (UNCC) that participates in Colorado's One Call notification system? Yes ☒ No ☐

DOMESTIC TAP**DOMESTIC TAP ASSOCIATED WELL LOCATION IDENTIFICATION**

Location ID: 323890 Location Type: Well Site
Name: BARRETT-66S94W Number: 35NESW
County: GARFIELD
Qtr Qtr: NESW Section: 35 Township: 6S Range: 94W Meridian: 6
Latitude: 39.480280 Longitude: -107.858539

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 456905 Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 05/09/2002

Flowline Start Point Riser

Latitude: 39.477130 Longitude: -107.858140 PDOP: Measurement Date: 11/15/2015
:

Tap Source: Flowline

Street Address of Point of Delivery

Address: N/A

City: N/A State: CO Zip: N/A

Latitude: 39.476680 Longitude: -107.858870 PDOP: Measurement Date:

OPERATOR COMMENTS AND SUBMITTAL

Comments

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

Signed: _____ Date: 08/09/2018 Email: jkirtland@terraep.com

Print Name: Jeff Kirtland Title: Regulatory Lead

Based on the information provided herein, this Flowline Report complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved:  _____ Director of COGCC Date: 8/28/2018

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
--------------------	-------------

--	--

Total Attach: 0 Files