

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:

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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: Kellye Garcia
Company Name: TEP ROCKY MOUNTAIN LLC Phone: (832) 726-1159
Address: PO BOX 370 Email: kgarcia@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: 335487 Location Type: Well Site
Name: POTTER-66S94W Number: 31NENW
County: GARFIELD
Qtr Qtr: NENW Section: 31 Township: 6S Range: 94W Meridian: 6
Latitude: 39.487012 Longitude: -107.930221

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 456917 Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 10/24/2012

Flowline Start Point Riser

Latitude: 39.485050 Longitude: -107.937720 PDOP: Measurement Date: 11/15/2018

Tap Source: Flowline

Street Address of Point of Delivery

Address: NA

City: NA State: CO Zip: NA

Latitude: 39.488550 Longitude: -107.937580 PDOP: Measurement Date:

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 456918 Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

10/24/2012

Installation or Date of Discovery: _____

Flowline Start Point Riser

Latitude: 39.485050 Longitude -107.937720 PDOP: _____ Measurement Date: 11/15/2015

Tap Source: _____ Flowline _____

Street Address of Point of Delivery

Address: NA _____

City: NA _____ State: CO _____ Zip: NA _____

Latitude: 39.488360 Longitude: -107.937740 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: kgarcia@terraep.com

Print Name: Kellye Garcia Title: Land & Regulatory Tech _____

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****Att Doc Num****Name**

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Total Attach: 0 Files