

State of Colorado Oil and Gas Conservation Commission

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MONTHLY REPORT OF GASOLINE OR OTHER EXTRACTION PLANT

Rule 313: All operators of gasoline or other extraction plants shall make monthly reports to the Director on Form 11. Such forms shall contain all information required thereon and shall be filed with the Director on or before the 25th day of each month covering the preceding month.

Report gas volumes in MCF corrected to standard conditions of 14.73 psi and 60 degrees Fahrenheit.

CONTACT INFORMATION

OGCC Operator Number: 10635 Contact Name: Jake Lassen
Name of Operator: DISCOVERY DJ SERVICES LLC Phone: (972) 7411690
Address: 7859 WALNUT HILL LANE SUITE 335 Title: Manager of Finance
City: DALLAS State: TX Zip: 75230 Email: jake@discoverymidstream.com

FACILITY INFORMATION

Plant Name: FORT LUPTON GAS PLANT Gas Plant Facility ID: 451349
Plant Address: 4501 WELD COUNTY ROAD 35 City: FORT LUPTON State: CO Zip: 80621
County: WELD

REPORT INFORMATION

Report For Month Of: 07 Year: 2018 Plant Shut-In For Entire Month (No Volumes): No

Report Whole Numbers ONLY. Do not enter decimals. Round ALL decimals to nearest whole number.

INTAKE VOLUME

Intake Volume From Oil Wells: 473495 Mcf
Intake Volume From Gas Wells: 0 Mcf
TOTAL Intake Volume: 473495 Mcf (See Note 1)

RESIDUE: DISPOSITION AND VOLUME

Plant Fuel: 25569 Mcf
Returned For Lease Fuel: 0 Mcf
Sold or Other Disposition (Detail Below): 378340 Mcf (See Note 2 & 3)
Returned To Earth: 0 Mcf
Vented: 3188 Mcf
Shrinkage: 66398 Mcf
TOTAL Residue Volume: 473495 Mcf (See Note 1)

DETAILS of RESIDUE : SOLD or OTHER DISPOSITION (See Note 2)

Name of Purchaser or User	Address	Used For	MCF
Colorado Interstate Gas Co.	2 Nevada Ave., Colorado Springs, CO 80903	3 PURCHASER	378340

DetailsTotal Volume (See Note 3) 378340

PLANT PRODUCTION ,RECEIPTS, DELIVERIES, FLARE, AND STOCK IN 42-GAL BARRELS

Product	Opening Stock	Receipts	Deliveries	Flare	Closing Stock
BUTANE	0	0	10980	0	0
CONDENSATE	529	0	132	0	295
ETHANE	0	0	11729	0	0
OTHER	0	0	6372	0	0
PROPANE	0	0	17437	0	0

Description of Other: C5+

NOTES		
1. Total Intake Volume MUST equal Total Residue Volume.	2. Details are REQUIRED for “Sold or Other Disposition” Volumes.	3. Details Total Volume MUST equal “Sold or Other Disposition” Volume.

OPERATOR COMMENTS

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

Signed: _____

Print Name: _____

Title: _____

Date: _____

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)