

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:

09/03/2019

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: 10112 Contact Person: JAMES SMITH
Company Name: FOUNDATION ENERGY MANAGEMENT LLC Phone: (918) 526-5592
Address: 5057 KELLER SPRINGS RD STE 650 Email: FORM44@FOUNDATIONENERGY.COM
City: ADDISON State: TX Zip: 75001
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: 336946 Location Type: Well Site
Name: BROWN-61N45W Number: 28SESE
County: YUMA
Qtr Qtr: SESE Section: 28 Township: 1N Range: 45W Meridian: 6
Latitude: 40.019640 Longitude: -102.399860

DOMESTIC TAP FACILITY INFORMATION

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

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 05/16/2019

Flowline Start Point Riser

Latitude: 40.019678 Longitude: -102.399881 PDOP: 0.9 Measurement Date: 05/16/2019

Tap Source: Flowline

Street Address of Point of Delivery

Address: 31325 COUNTY ROAD Y

City: WRAY State: CO Zip: 80758

Latitude: 40.022257 Longitude: -102.399207 PDOP: 1.1 Measurement Date: 05/16/2019

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: 09/03/2019 Email: FORM44@FOUNDATIONENERGY.COM

Print Name: JAMES SMITH Title: HSE-REGULATORY SUPERVISOR

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: _____

Attachment Check List

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

Total Attach: 0 Files