

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION Receive Date: 10/17/2019 Document Number: 402151550

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: 10000 Contact Person: Patti Campbell Company Name: BP AMERICA PRODUCTION COMPANY Phone: (970) 712-5997 Address: 1199 MAIN AVENUE SUITE 101 Email: patti.campbell@bpx.com City: DURANGO State: CO Zip: 81301 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 [X] No []

DOMESTIC TAP

DOMESTIC TAP ASSOCIATED WELL LOCATION IDENTIFICATION

Location ID: 325897 Location Type: Well Site Name: MILLER FEDERAL GU-N35N7W Number: 33NENW County: LA PLATA Qtr Qtr: NENW Section: 33 Township: 35N Range: 7W Meridian: N Latitude: 37.262207 Longitude: -107.645513

DOMESTIC TAP FACILITY INFORMATION

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

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 10/18/1996 Flowline Start Point Riser Latitude: 37.262011 Longitude: -107.645532 PDOP: 2.7 Measurement Date: 03/30/2005 Tap Source: Separator Street Address of Point of Delivery Address: 4323 CR 502 City: Bayfield State: CO Zip: 81122 Latitude: Longitude: 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: 10/17/2019 Email: patti.campbell@bpx.com

Print Name: Patti Campbell Title: Regulatory Analyst

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>
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Total Attach: 0 Files