

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:

10/17/2019

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: 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 ☒ No ☐

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

Location ID: 326272 Location Type: Well Site  
Name: RICHARDSON GU E-N35N8W Number: 35SWNW  
County: LA PLATA  
Qtr Qtr: SWNW Section: 35 Township: 35N Range: 8W Meridian: N  
Latitude: 37.261516 Longitude: -107.719325

**DOMESTIC TAP FACILITY INFORMATION**

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

**DOMESTIC TAP REGISTRATION**

Installation or Date of Discovery: 07/01/1997

**Flowline Start Point Riser**

Latitude: 37.261454 Longitude: -107.719306 PDOP: 3.8 Measurement Date: 03/27/2005  
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Tap Source: Separator

**Street Address of Point of Delivery**

Address: 3021 CR 223

City: Durango State: CO Zip: 81303

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**

**Att Doc Num**

**Name**

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Total Attach: 0 Files