

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: 402151770

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: 325665 Location Type: Well Site Name: BEUTEN GAS UNIT A-N33N7W Number: 29NENE County: LA PLATA Qtr Qtr: NENE Section: 29 Township: 33N Range: 7W Meridian: N Latitude: 37.079340 Longitude: -107.626581

DOMESTIC TAP FACILITY INFORMATION

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

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 12/09/1999 Flowline Start Point Riser Latitude: 37.079410 Longitude: -107.626793 PDOP: 5.9 Measurement Date: 07/04/2007 Tap Source: Separator Street Address of Point of Delivery Address: 18517 St. HWY 172 City: Ignacio State: CO Zip: 81137 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**

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

Total Attach: 0 Files