

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: 10719 Contact Name: Lyudmila Wosk
Name of Operator: ANADARKO DJ GAS PROCESSING LLC Phone: (720) 9296688
Address: 1099 18TH STREET #1800 Title: Sr Accountant
City: DENVER State: CO Zip: 80202 Email: lyudmila_wosk@oxy.com

FACILITY INFORMATION

Plant Name: WATTENBERG GAS PLANT Gas Plant Facility ID: 255983
Plant Address: 1909 POWHATON ROAD City: AURORA State: CO Zip: 80019
County: ADAMS

REPORT INFORMATION

Report For Month Of: 04 Year: 2020 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: _____ Mcf
Intake Volume From Gas Wells: 6704246 Mcf
TOTAL Intake Volume: 6704246 Mcf (See Note 1)

RESIDUE: DISPOSITION AND VOLUME

Plant Fuel: 86887 Mcf
Returned For Lease Fuel: _____ Mcf
Sold or Other Disposition (Detail Below): 5848173 Mcf (See Note 2 & 3)
Returned To Earth: _____ Mcf
Vented: 5994 Mcf
Shrinkage: 763192 Mcf
TOTAL Residue Volume: 6704246 Mcf (See Note 1)

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

Name of Purchaser or User	Address	Used For	MCF
PSCO	1800 Larimer St Ste 1500, Denver, CO 80202	DISTRIBUTION	835214
CIG	24650 Smith Rd, Aurora, CO 80019	DISTRIBUTION	5012959

DetailsTotal Volume (See Note 3) 5848173

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

Product	Opening Stock	Receipts	Deliveries	Flare	Closing Stock
BUTANE	0		132515		0
ETHANE	0		182619		0
GASOLINE	0		81639		0
PROPANE	3410		200625		1089

Description of Other: _____

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.
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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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)