

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:

10/31/2019

Document Number:

402221394

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: 10133 Contact Person: Christina Cook
Company Name: HILCORP ENERGY COMPANY Phone: (505) 324-5109
Address: P O BOX 61229 Email: ccook@hilcorp.com
City: HOUSTON State: TX Zip: 77208
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: Location Type: Well Site
Name: Wilson Number: 34-9 29-1
County: LA PLATA
Qtr Qtr: se/nw Section: 29 Township: 34n Range: 9w Meridian:
Latitude: 37.164690 Longitude: -107.851970

DOMESTIC TAP FACILITY INFORMATION

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

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 08/01/2017

Flowline Start Point Riser

Latitude: 37.162050 Longitude: -107.856530 PDOP: Measurement Date: 10/24/2019

Tap Source: Separator

Street Address of Point of Delivery

Address:

City: State: Zip:

Latitude: 37.162050 Longitude: -107.856530 PDOP: Measurement Date: 10/24/2019

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: 10/31/2019 Email: ccook@hilcorp.com

Print Name: Christina Cook Title: Pipeline/Compliance Tech

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