

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:

06/02/2020

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 (CO811) that participates in Colorado's One Call notification system? Yes ☒ No ☐

DOMESTIC TAP

DOMESTIC TAP ASSOCIATED WELL LOCATION IDENTIFICATION

Location ID: 326426 Location Type: Well Site
Name: WILSON 34-9-N34N9W Number: 29SENW
County: LA PLATA
Qtr Qtr: SENW Section: 29 Township: 34N Range: 9W Meridian: M
Latitude: 37.164697 Longitude: -107.852628

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 476721 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: 700 CR 302

City: Durango State: CO Zip: 81303

Latitude: Longitude: 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: 06/02/2020 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: 6/3/2020

Attachment Check List

Att Doc Num**Name**

402221394	Form44 Submitted
-----------	------------------

Total Attach: 1 Files