

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: 10128 Contact Name: Annette Garrigues
Name of Operator: BARGATH LLC Phone: (970) 285-5461
Address: 2717 COUNTY ROAD 215 SUITE 200 Title: Environmental Specialist
City: PARACHUTE State: CO Zip: 81635 Email: annette.garrigues@williams.com

FACILITY INFORMATION

Plant Name: WILLOW CREEK GAS PLANT Gas Plant Facility ID: 412287
Plant Address: 20219 CR 5 City: RIFLE State: CO Zip: 81650
County: RIO BLANCO

REPORT INFORMATION

Report For Month Of: 08 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: 16286319 Mcf
TOTAL Intake Volume: 16286319 Mcf (See Note 1)

RESIDUE: DISPOSITION AND VOLUME

Plant Fuel: 1304580 Mcf
Returned For Lease Fuel: 0 Mcf
Sold or Other Disposition (Detail Below): 13587284 Mcf (See Note 2 & 3)
Returned To Earth: 0 Mcf
Vented: 26840 Mcf
Shrinkage: 1367615 Mcf
TOTAL Residue Volume: 16286319 Mcf (See Note 1)

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

Name of Purchaser or User	Address	Used For	MCF
Wyoming Interstate Gas	PO Box 1087, Colorado Springs, CO 80944	DELIVERY	4430067
White River Hub	PO Box 453600, Salt Lake City, UT 84145	DELIVERY	9157217

DetailsTotal Volume (See Note 3) 13587284

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

Product	Opening Stock	Receipts	Deliveries	Flare	Closing Stock
NGL					737565

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

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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)