

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:

08/24/2020

Document Number:

402468560

Domestic Tap

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, provide pre-abandonment notices, or report abandonment of Off-Location Flowlines, Flowline Systems, Produced Water Transfer Systems, or Crude Oil Transfer Lines or Systems as required by the 1100 Series Rules. The Form 44 shall also be submitted to register, report realignment, or report abandonment of Domestic Taps, and to report Grade 1 Gas Leaks from Flowlines per Rules 610 and

Operator Information

OGCC Operator Number: 10464 Contact Person: Nolan Redmond
Company Name: CATAMOUNT ENERGY PARTNERS LLC Phone: (720) 484-2347
Address: 1001 17TH STREET STE 1160 Email: nredmond@catamountep.com
City: DENVER State: CO Zip: 80202
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: 325129 Location Type: Well Site
Name: HERRERA UNIT B-N33N8W Number: 20NWNW
County: LA PLATA
Qtr Qtr: NWNW Section: 20 Township: 33N Range: 8W Meridian: N
Latitude: 37.093730 Longitude: -107.745630

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 475908 Flowline Facility Type: Domestic Action Type: Abandonment Verification

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 05/01/2017

Flowline Start Point Riser

Latitude: 37.093730 Longitude: -107.745630
GPS Quality Value: _____ Type of GPS Quality Value: _____ Measurement Date: 05/04/2006
Tap Source: Wellhead

Street Address of Point of Delivery

Address: 3760 CR 318
City: Ignacio State: CO Zip: 81137
Latitude: _____ Longitude: _____
GPS Quality Value: _____ Type of GPS Quality Value: _____ Measurement Date: _____

DOMESTIC TAP Abandonment VerificationDate: 04/30/2020**Description of Abandonment Verification:**

Line was dug up, cut off, and capped at the wellhead and at the edge of the location.`

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: 08/24/2020 Email: nredmond@catamountep.comPrint Name: Nolan Redmond Title: Geo/Eng 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 COGCCDate: 11/17/2020

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402468560	Form44 Submitted
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)

