

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



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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: 10716 Contact Name: Tony Bonicelli
Name of Operator: ROCKY MOUNTAIN MIDSTREAM LLC Phone: (918) 573-9020
Address: ONE WILLIAMS CENTER Title: Accounting Analyst Sr
City: TULSA State: OK Zip: 74172 Email: tony.bonicelli@williams.com

FACILITY INFORMATION

Plant Name: FORT LUPTON GAS PLANT Gas Plant Facility ID: 451349
Plant Address: 4501 WELD COUNTY ROAD 35 City: FORT LUPTON State: CO Zip: 80621
County: WELD

REPORT INFORMATION

Report For Month Of: 11 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: 5859386 Mcf
Intake Volume From Gas Wells: Mcf
TOTAL Intake Volume: 5859386 Mcf (See Note 1)

RESIDUE: DISPOSITION AND VOLUME

Plant Fuel: 36590 Mcf
Returned For Lease Fuel: Mcf
Sold or Other Disposition (Detail Below): 5082834 Mcf (See Note 2 & 3)
Returned To Earth: Mcf
Vented: 70 Mcf
Shrinkage: 739892 Mcf
TOTAL Residue Volume: 5859386 Mcf (See Note 1)

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

Name of Purchaser or User	Address	Used For	MCF
Colorado Interstate Gas Co	2 Nevada, Colorado Springs, CO 80903	DELIVERY ON BEHALF OF SHI	5082834

DetailsTotal Volume (See Note 3) 5082834

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

Product	Opening Stock	Receipts	Deliveries	Flare	Closing Stock
BUTANE			133796		
CONDENSATE	487		0	487	
ETHANE			84902		
GASOLINE			81767		
PROPANE			224291		

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)