

FORM

11

Rev
01/18

State of Colorado Oil and Gas Conservation Commission

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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: 10345 Contact Name: Kayleigh Ruybalid
Name of Operator: HARVEST FOUR CORNERS LLC Phone: (505) 634-4316
Address: 1111 TRAVIS STREET Title: EHS Compliance Administra
City: HOUSTON State: TX Zip: 77002 Email: truybalid@harvestmidstream.com

FACILITY INFORMATION

Plant Name: IGNACIO PLANT Gas Plant Facility ID: 255958
Plant Address: 3746 CR 307 City: DURANGO State: CO Zip: 81303
County: LA PLATA

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: _____ Mcf
Intake Volume From Gas Wells: 10486103 Mcf
TOTAL Intake Volume: 10486103 Mcf (See Note 1)

RESIDUE: DISPOSITION AND VOLUME

Plant Fuel: 359324 Mcf
Returned For Lease Fuel: _____ Mcf
Sold or Other Disposition (Detail Below): 9170945 Mcf (See Note 2 & 3)
Returned To Earth: _____ Mcf
Vented: 292034 Mcf
Shrinkage: 663800 Mcf
TOTAL Residue Volume: 10486103 Mcf (See Note 1)

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

Name of Purchaser or User	Address	Used For	MCF
Multiple		DELIVERY ON BEHALF OF SHI	9170945

DetailsTotal Volume (See Note 3) 9170945

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

Product	Opening Stock	Receipts	Deliveries	Flare	Closing Stock
BUTANE	4131		99752		4930
GASOLINE	7348		76396		6365
PROPANE	6897		290289		8778

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)