

# 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: 47121 Contact Name: Anthony Cahoon  
Name of Operator: KERR MCGEE GATHERING LLC Phone: (832) 636-2369  
Address: PO BOX 173779 Title: Sr Accountant  
City: DENVER State: CO Zip: 80217 Email: Anthony.cahoon@westernmidstream.com

### FACILITY INFORMATION

Plant Name: FORT LUPTON GAS PLANT Gas Plant Facility ID: 255952  
Plant Address: 11616 WCR 22 City: FT 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: \_\_\_\_\_ Mcf  
Intake Volume From Gas Wells: 12 Mcf  
TOTAL Intake Volume: 12 Mcf (See Note 1)

### RESIDUE: DISPOSITION AND VOLUME

Plant Fuel: 0 Mcf  
Returned For Lease Fuel: \_\_\_\_\_ Mcf  
Sold or Other Disposition (Detail Below): 0 Mcf (See Note 2 & 3)  
Returned To Earth: \_\_\_\_\_ Mcf  
Vented: 0 Mcf  
Shrinkage: 12 Mcf  
TOTAL Residue Volume: 12 Mcf (See Note 1)

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

Name of Purchaser or User	Address	Used For	MCF

DetailsTotal Volume (See Note 3) 0

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

Product	Opening Stock	Receipts	Deliveries	Flare	Closing Stock

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.

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

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)