

State of Colorado

Energy & Carbon Management Commission

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

ECMC RECEPTION

Receive Date:

04/16/2024

Document Number:

403755342

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 906.

Operator Information

ECMC Operator Number: 10699 Contact Person: Jerilyn Doshier
Company Name: OWN RESOURCES OPERATING LLC Phone: (970) 332-3585
Address: 305 S RIDGE STREET #6279 Email: jerilyn.doshier@ownresources.com
City: BRECKENRIDGE State: CO Zip: 80424
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: 303188 Location Type: Well Site
Name: ROCKWELL-61N45W Number: 15SENE
County: YUMA
Qtr Qtr: SENE Section: 15 Township: 1N Range: 45W Meridian: 6
Latitude: 40.056500 Longitude: -102.382310

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 06/28/2023

Flowline Start Point Riser

Latitude: 40.056500 Longitude: -102.382310
GPS Quality Value: Type of GPS Quality Value: Measurement Date: 06/28/2023
Tap Source: Wellhead

Street Address of Point of Delivery

Address: 33502 County Road Z
City: Wray State: CO Zip: 80758
Latitude: Longitude:
GPS Quality Value: Type of GPS Quality Value: Measurement Date:

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: 04/16/2024 Email: pat.dolezal@ownresources.com
Print Name: Pat Dolezal Title: Regulatory Specialist

Based on the information provided herein, this Flowline Report complies with ECMC Rules and applicable orders and is hereby approved.
ECMC Approved: _____ Director of ECMC Date: _____

CONDITIONS OF APPROVAL, IF ANY LIST

COA Type

Description

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ATTACHMENT LIST

Att Doc Num

Name

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Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)