

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

06/13/2018

Document Number:

401672897

Domestic Tap

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, or report abandonment of Off-Location Flowlines, Produced Water Transfer Systems, Domestic Taps, or Crude Oil Transfer Lines as required by the 1100 Series Rules. The Form shall also be submitted to report Grade 1 Gas Leaks from Flowlines per Rule 1104.k.

Operator Information

OGCC Operator Number: 10433 Contact Person: Joan Proulx
Company Name: LARAMIE ENERGY LLC Phone: (970) 263-3641
Address: 1401 SEVENTEENTH STREET #1400 Email: jproulx@laramie-energy.com
City: DENVER State: CO Zip: 80202
Is the Operator a Tier One member of the Utility Notification Center of Colorado (UNCC) that participates in Colorado's One Call notification system? Yes ☒ No ☐

DOMESTIC TAP**DOMESTIC TAP ASSOCIATED WELL LOCATION IDENTIFICATION**

Location ID: 334515 Location Type: Well Site
Name: Campbell Number: 18-12 Pad
County: MESA
Qtr Qtr: NESW Section: 18 Township: 10S Range: 94W Meridian: 6
Latitude: 39.187222 Longitude: -107.927639

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 455944 Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 07/12/2006

Flowline Start Point Riser

Latitude: 39.187330 Longitude: -107.927690 PDOP: 1.1 Measurement Date: 04/07/2015
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Tap Source: Wellhead

Street Address of Point of Delivery

Address: 60517 LE Road

City: Collbran State: CO Zip: 81624

Latitude: Longitude: PDOP: 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: 06/13/2018 Email: jproulx@laramie-energy.com

Print Name: Joan Proulx Title: Regulatory Analyst

Based on the information provided herein, this Flowline Report complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved:  Director of COGCC Date: 7/12/2018

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files