

State of Colorado
Oil and Gas Conservation Commission

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



OGCC RECEPTION

Receive Date:

07/11/2018

Document Number:

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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 [X] No []

DOMESTIC TAP

DOMESTIC TAP ASSOCIATED WELL LOCATION IDENTIFICATION

Location ID: 334551 Location Type: Well Site
Name: Mitchell Number: 32-6 Pad
County: MESA
Qtr Qtr: SENW Section: 32 Township: 9S Range: 94W Meridian: 6
Latitude: 39.235944 Longitude: -107.909472

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 455947 Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 05/12/2007

Flowline Start Point Riser

Latitude: 39.235916 Longitude -107.909444 PDOP: 2.0 Measurement Date: 01/23/2007

Tap Source: Wellhead

Street Address of Point of Delivery

Address: 61687 60 1/2 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: 07/11/2018 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

Att Doc Num **Name**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files