

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:

08/09/2018

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: 96850 Contact Person: Kellye Garcia
Company Name: TEP ROCKY MOUNTAIN LLC Phone: (832) 726-1159
Address: PO BOX 370 Email: kgarcia@terraep.com
City: PARACHUTE State: CO Zip: 81635
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: 334712 Location Type: Well Site
Name: DIAMOND ELK-67S95W Number: 12NWNW
County: GARFIELD
Qtr Qtr: NWNW Section: 12 Township: 7S Range: 95W Meridian: 6
Latitude: 39.456822 Longitude: -107.952143

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 456911 Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 02/22/2009

Flowline Start Point Riser

Latitude: 39.457730 Longitude: -107.948640 PDOP: 2.9 Measurement Date: 10/21/2015
:

Tap Source: Flowline

Street Address of Point of Delivery

Address: NA

City: NA State: CO Zip: NA

Latitude: 39.457250 Longitude: -107.948600 PDOP: 2.7 Measurement Date: 10/21/2015

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: 08/09/2018 Email: kgarcia@terraep.com

Print Name: Kellye Garcia Title: Land & Regulatory Tech

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: 8/28/2018

Attachment Check List

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