

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:

08/09/2018

Document Number:

401727427**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: 334594 Location Type: Well Site
Name: LINDAUER-67S96W Number: 12SWNW
County: GARFIELD
Qtr Qtr: SWNW Section: 12 Township: 7S Range: 96W Meridian: 6
Latitude: 39.454347 Longitude: -108.064888

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 456936 Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 02/25/2000

Flowline Start Point Riser

Latitude: 39.457080 Longitude: -108.067630 PDOP: 1.8 Measurement Date: 11/11/2015

Tap Source: Flowline

Street Address of Point of Delivery

Address: NA

City: NA State: CO Zip: NA

Latitude: 39.459040 Longitude: -108.067270 PDOP: Measurement Date: 11/11/2015

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: kgarcia@terraep.com

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