

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:

401727461

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: 324097 Location Type: Well Site
Name: SAVAGE-66S94W Number: 29SESE
County: GARFIELD
Qtr Qtr: SESE Section: 29 Township: 6S Range: 94W Meridian: 6
Latitude: 39.491569 Longitude: -107.904470

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 456945 Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 02/15/2000

Flowline Start Point Riser

Latitude: 39.491530 Longitude: -107.903140 PDOP: Measurement Date: 11/15/2015
:

Tap Source: Flowline

Street Address of Point of Delivery

Address: NA

City: NA State: CO Zip: NA

Latitude: 39.492040 Longitude: -107.901900 PDOP: 2.7 Measurement Date: 12/10/2015

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>

Total Attach: 0 Files