

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

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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: 323779 Location Type: Well Site  
Name: FUELCO-67S95W Number: 4NESE  
County: GARFIELD  
Qtr Qtr: NESE Section: 4 Township: 7S Range: 95W Meridian: 6  
Latitude: 39.465009 Longitude: -107.996893

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 456946 Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 01/25/2001

Flowline Start Point Riser

Latitude: 39.464850 Longitude: -107.996700 PDOP: 2.3 Measurement Date: 12/10/2015  
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Tap Source: Wellhead

Street Address of Point of Delivery

Address: NA

City: NA State: CO Zip: NA

Latitude: 39.463260 Longitude: -107.996160 PDOP: 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>
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Total Attach: 0 Files