

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:

10/31/2018

Document Number:

401818314

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: 10393 Contact Person: Michael Patman
Company Name: WY WOODLAND OPERATING LLC Phone: (817) 495-9300
Address: 318 FM 2488 Email: Michael.Patman@woodlandresource slc.com
City: COVINGTON State: TX Zip: 76636
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: 322587 Location Type: Well Site
Name: ROCKWELL-64N68W Number: 29SENW
County: WELD
Qtr Qtr: SENW Section: 29 Township: 4N Range: 68W Meridian: 6
Latitude: 40.285744 Longitude: -105.030259

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 459236 Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 06/14/1984

Flowline Start Point Riser

Latitude: 40.285874 Longitude: -105.030926 PDOP: 1.5 Measurement Date: 08/21/2017

Tap Source: Separator

Street Address of Point of Delivery

Address: 19784 WCR 3

City: Berthoud State: CO Zip: 80513

Latitude: 40.285874 Longitude: -105.030926 PDOP: 1.5 Measurement Date: 08/21/2017

OPERATOR COMMENTS AND SUBMITTAL

Comments

This is the original Domestic Tap Belonging to the Lease and Surface owner Jeff Rockwell 970-685-8375

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 10/31/2018 Email: Michael.Patman@woodlandresourcesllc.com

Print Name: Michael Patman Title: Director of Operations

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: 11/27/2018

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401818314	Form44 Submitted

Total Attach: 1 Files