

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:

11/27/2018

Document Number:

401851808

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: Jeff Kirtland
Company Name: TEP ROCKY MOUNTAIN LLC Phone: (970) 263-2736
Address: PO BOX 370 Email: jkirtland@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 [X] No []

DOMESTIC TAP

DOMESTIC TAP ASSOCIATED WELL LOCATION IDENTIFICATION

Location ID: 334138 Location Type: Well Site
Name: BOSELY-67S96W Number: 34SENE
County: GARFIELD
Qtr Qtr: SENE Section: 34 Township: 7S Range: 96W Meridian: 6
Latitude: 39.394253 Longitude: -108.087925

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 462838 Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 11/15/2018

Flowline Start Point Riser

Latitude: 39.396240 Longitude: -108.089230 PDOP: 2.5 Measurement Date: 11/11/2015

Tap Source: Flowline

Street Address of Point of Delivery

Address: n/a

City: n/a State: CO Zip: n/a

Latitude: 39.395331 Longitude: -108.090573 PDOP: Measurement Date:

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 456913 Flowline Facility Type: Domestic Action Type: Realignment

DOMESTIC TAP REGISTRATIONInstallation or Date of Discovery: 05/06/2007**Flowline Start Point Riser**Latitude: 39.396240 Longitude -108.089230 PDOP: _____ Measurement Date: 11/11/2015

Tap Source: _____ Flowline _____

Street Address of Point of DeliveryAddress: NACity: NA State: CO Zip: NALatitude: 39.395050 Longitude: -108.090380 PDOP: _____ Measurement Date: _____**DOMESTIC TAP REALIGNMENT**Date: 11/15/2018**Description of Realignment:**Newly discovered gas tap segment added below.**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: 11/27/2018 Email: jkirtland@terraep.comPrint Name: Jeff Kirtland Title: Regulatory Lead

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: 3/1/2019**Attachment Check List**

Att Doc Num	Name
401851808	Form44 Submitted

Total Attach: 1 Files