

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:

04/10/2019

Document Number:

402002411

## 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: 34725	Contact Person: Matt Barnett
Company Name: GOSNEY & SONS INC	Phone: (970) 884-9533
Address: P O BOX 367	Email: mattb@gosneyco.com
City: BAYFIELD	State: CO Zip: 81122

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: 325536	Location Type: Well Site
Name: GOSNEY-M34N7W	Number: 14NWNW
County: LA PLATA	
Qtr Qtr: NWNW	Section: 14 Township: 34N Range: 7W Meridian: M
Latitude: 37.195140	Longitude: -107.583300

**DOMESTIC TAP FACILITY INFORMATION**

Flowline Facility ID: 463850	Flowline Facility Type: Domestic	Action Type: Registration
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**DOMESTIC TAP REGISTRATION**

Installation or Date of Discovery: 06/01/2006

**Flowline Start Point Riser**

Latitude: 37.194910 Longitude: -107.582874 PDOP: Measurement Date: 03/15/2019

Tap Source: Flowline

**Street Address of Point of Delivery**

Address: 4134 County Road 516

City: Bayfield State: CO Zip: 81122

Latitude: Longitude: PDOP: Measurement Date:

**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: 04/10/2019 Email: mattb@gosneyco.com

Print Name: Matt Barnett Title: General Mgr

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: 4/10/2019

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
402002411	Form44 Submitted

Total Attach: 1 Files