

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:

04/17/2019

Document Number:

402012162

## 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: Vicki Schoeber  
Company Name: TEP ROCKY MOUNTAIN LLC Phone: (970) 263-2721  
Address: PO BOX 370 Email: vschoeber@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: 334594 Location Type: Well Site  
Name: LINDAUER-67S96W Number: 12SWNW  
County: GARFIELD  
Qtr Qtr: SWNW Section: 12 Township: 7S Range: 96W Meridian: 6  
Latitude: 39.454347 Longitude: -108.064888

**DOMESTIC TAP FACILITY INFORMATION**

Flowline Facility ID: 463992 Flowline Facility Type: Domestic Action Type: Registration

**DOMESTIC TAP REGISTRATION**

Installation or Date of Discovery: 04/12/2019

**Flowline Start Point Riser**

Latitude: 39.457080 Longitude: -108.067630 PDOP: 1.8 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: 39.458780 Longitude: -108.066500 PDOP: 3.1 Measurement Date: 04/16/2019

**DOMESTIC TAP FACILITY INFORMATION**

Flowline Facility ID: 463993 Flowline Facility Type: Domestic Action Type: Registration

**DOMESTIC TAP REGISTRATION**

04/12/2019

Installation or Date of Discovery: \_\_\_\_\_

**Flowline Start Point Riser**

Latitude: 39.457080 Longitude -108.067630 PDOP: 1.8 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: 39.457520 Longitude: -108.067000 PDOP: 3.2 Measurement Date: 04/16/2019

**DOMESTIC TAP FACILITY INFORMATION**

Flowline Facility ID: 456936 Flowline Facility Type: Domestic Action Type: \_\_\_\_\_

**DOMESTIC TAP REGISTRATION**

Installation or Date of Discovery: 02/25/2000 \_\_\_\_\_

**Flowline Start Point Riser**

Latitude: 39.457080 Longitude -108.067630 PDOP: 1.8 Measurement Date: 11/11/2015

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Tap Source: \_\_\_\_\_ Flowline \_\_\_\_\_

**Street Address of Point of Delivery**

Address: NA \_\_\_\_\_

City: NA \_\_\_\_\_ State: CO \_\_\_\_\_ Zip: NA \_\_\_\_\_

Latitude: 39.459040 Longitude: -108.067270 PDOP: \_\_\_\_\_ Measurement Date: 11/11/2015

**DOMESTIC TAP FACILITY INFORMATION**

Flowline Facility ID: 463994 Flowline Facility Type: Domestic Action Type: Registration

**DOMESTIC TAP REGISTRATION**

Installation or Date of Discovery: 04/12/2019 \_\_\_\_\_

**Flowline Start Point Riser**

Latitude: 39.457080 Longitude -108.067630 PDOP: 1.8 Measurement Date: 11/11/2015

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Tap Source: \_\_\_\_\_ Flowline \_\_\_\_\_

**Street Address of Point of Delivery**

Address: N/A \_\_\_\_\_

City: N/A \_\_\_\_\_ State: CO \_\_\_\_\_ Zip: N/A \_\_\_\_\_

Latitude: 39.458860 Longitude: -108.067170 PDOP: 3.2 Measurement Date: 04/16/2019

**OPERATOR COMMENTS AND SUBMITTAL**

Comments

Registration of three new delivery points from an existing registered connection (GM 12-12).

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

Signed: \_\_\_\_\_ Date: 04/17/2019 Email: vschoeber@terraep.com

Print Name: Vicki Schoeber Title: Regulatory Specialist

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: 4/18/2019

### **Attachment Check List**

**Att Doc Num**

**Name**

402012162

Form44 Submitted

Total Attach: 1 Files