

State of Colorado Oil and Gas Conservation Commission

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MONTHLY REPORT OF GASOLINE OR OTHER EXTRACTION PLANT

Rule 313: All operators of gasoline or other extraction plants shall make monthly reports to the Director on Form 11. Such forms shall contain all information required thereon and shall be filed with the Director on or before the 25th day of each month covering the preceding month.

Report gas volumes in MCF corrected to standard conditions of 14.73 psi and 60 degrees Fahrenheit.

CONTACT INFORMATION

OGCC Operator Number: 10390 Contact Name: CHADWICK LEAVITT
Name of Operator: STERLING ENERGY INVESTMENTS LLC Phone: (720) 8817099
Address: 1200 17TH STREET #2850 Title: CFO
City: DENVER State: CO Zip: 80202 Email: NOMAIL@GMAIL.COM

FACILITY INFORMATION

Plant Name: CENTENNIAL GAS PLANT Gas Plant Facility ID: 451843
Plant Address: _____ City: _____ State: _____ Zip: _____
County: WELD

REPORT INFORMATION

Report For Month Of: 12 Year: 2018 Plant Shut-In For Entire Month (No Volumes): No

Report Whole Numbers ONLY. Do not enter decimals. Round ALL decimals to nearest whole number.

INTAKE VOLUME

Intake Volume From Oil Wells: 0 Mcf
Intake Volume From Gas Wells: 392042 Mcf
TOTAL Intake Volume: 392042 Mcf (See Note 1)

RESIDUE: DISPOSITION AND VOLUME

Plant Fuel: 50612 Mcf
Returned For Lease Fuel: 0 Mcf
Sold or Other Disposition (Detail Below): 306321 Mcf (See Note 2 & 3)
Returned To Earth: 0 Mcf
Vented: 0 Mcf
Shrinkage: 35109 Mcf
TOTAL Residue Volume: 392042 Mcf (See Note 1)

DETAILS of RESIDUE : SOLD or OTHER DISPOSITION (See Note 2)

Name of Purchaser or User	Address	Used For	MCF
STERLING ENERGY INVESTMENTS LLC	1200 17TH ST, STE 2850 DENVER CO 80202	RESALE	306321

DetailsTotal Volume (See Note 3) 306321

PLANT PRODUCTION ,RECEIPTS, DELIVERIES, FLARE, AND STOCK IN 42-GAL BARRELS

Product	Opening Stock	Receipts	Deliveries	Flare	Closing Stock
OTHER	1984	0	44070	0	1997

Description of Other: UNKNOWN

NOTES		
1. Total Intake Volume MUST equal Total Residue Volume.	2. Details are REQUIRED for “Sold or Other Disposition” Volumes.	3. Details Total Volume MUST equal “Sold or Other Disposition” Volume.

OPERATOR COMMENTS

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

Signed:

Print Name:

Title:

Date:

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)