

FORM

11

Rev
01/18

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Receive Date:

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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: 47121 Contact Name: DANA VERNON
Name of Operator: KERR MCGEE GATHERING LLC Phone: (720) 929-6259
Address: PO BOX 173779 Title: SR STAFF ACCOUNTANT
City: DENVER State: CO Zip: 80217 Email: NOMAIL@GMAIL.COM

FACILITY INFORMATION

Plant Name: LANCASTER PLANT Gas Plant Facility ID: 439054
Plant Address: 16157 WCR 22 City: FT LUPTON State: CO Zip: 80621
County: WELD

REPORT INFORMATION

Report For Month Of: 10 Year: 2017 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: _____ Mcf
Intake Volume From Gas Wells: 19655182 Mcf
TOTAL Intake Volume: 19655182 Mcf (See Note 1)

RESIDUE: DISPOSITION AND VOLUME

Plant Fuel: 120277 Mcf
Returned For Lease Fuel: _____ Mcf
Sold or Other Disposition (Detail Below): 17120786 Mcf (See Note 2 & 3)
Returned To Earth: _____ Mcf
Vented: _____ Mcf
Shrinkage: 2414119 Mcf
TOTAL Residue Volume: 19655182 Mcf (See Note 1)

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

Name of Purchaser or User	Address	Used For	MCF
CIG TO PTV		UNKNOWN	4088178
CIG TO HIGH PLAINS		UNKNOWN	13032608

DetailsTotal Volume (See Note 3) 17120786

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

Product	Opening Stock	Receipts	Deliveries	Flare	Closing Stock
BUTANE			453685		
ETHANE			148624		
GASOLINE			273168		
PROPANE			843846		

Description of Other: _____

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.
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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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)