

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: 09/03/2019 Document Number: 402163858

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: 10112 Contact Person: JAMES SMITH Company Name: FOUNDATION ENERGY MANAGEMENT LLC Phone: (918) 526-5592 Address: 5057 KELLER SPRINGS RD STE 650 Email: FORM44@FOUNDATIONENERGY.COM City: ADDISON State: TX Zip: 75001 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: 303487 Location Type: Well Site Name: BROWN-62S43W Number: 28NESW County: YUMA Qtr Qtr: NESW Section: 28 Township: 2S Range: 43W Meridian: 6 Latitude: 39.851683 Longitude: -102.198166

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 467352 Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 05/15/2019

Flowline Start Point Riser

Latitude: 39.851680 Longitude: -102.198130 PDOP: 2.2 Measurement Date: 05/15/2019

Tap Source: Flowline

Street Address of Point of Delivery

Address: 19221 COUNTY ROAD KK

City: WRAY State: CO Zip: 80758

Latitude: 39.852300 Longitude: -102.200480 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: 09/03/2019 Email: FORM44@FOUNDATIONENERGY.COM

Print Name: JAMES SMITH Title: HSE-REGULATORY SUPERVISOR

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: 9/9/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402163858	Form44 Submitted

Total Attach: 1 Files