

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:

09/03/2019

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## 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 ☒ No ☐

**DOMESTIC TAP****DOMESTIC TAP ASSOCIATED WELL LOCATION IDENTIFICATION**

Location ID: 303068 Location Type: Well Site  
Name: STULP-61N47W Number: 2SWSE  
County: YUMA  
Qtr Qtr: SWSE Section: 2 Township: 1N Range: 47W Meridian: 6  
Latitude: 40.078130 Longitude: -102.591760

**DOMESTIC TAP FACILITY INFORMATION**

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

**DOMESTIC TAP REGISTRATION**

Installation or Date of Discovery: 05/16/2019

**Flowline Start Point Riser**

Latitude: 40.078162 Longitude: -102.591787 PDOP: 0.9 Measurement Date: 05/16/2019

Tap Source: Flowline

**Street Address of Point of Delivery**

Address: 11651 COUNTY ROAD 35

City: YUMA State: CO Zip: 80759

Latitude: 40.076170 Longitude: -102.595789 PDOP: 0.9 Measurement Date: 05/16/2019

**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: \_\_\_\_\_

**Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>

Total Attach: 0 Files