

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: 402164161

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: 302981 Location Type: Well Site
Name: BRUDER-62S43W Number: 7NESE
County: YUMA
Qtr Qtr: NESE Section: 7 Township: 2S Range: 43W Meridian: 6
Latitude: 39.895030 Longitude: -102.226310

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 467375 Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 05/10/2019

Flowline Start Point Riser

Latitude: 39.895050 Longitude: -102.226280 PDOP: 0.9 Measurement Date: 05/10/2019

Tap Source: Flowline

Street Address of Point of Delivery

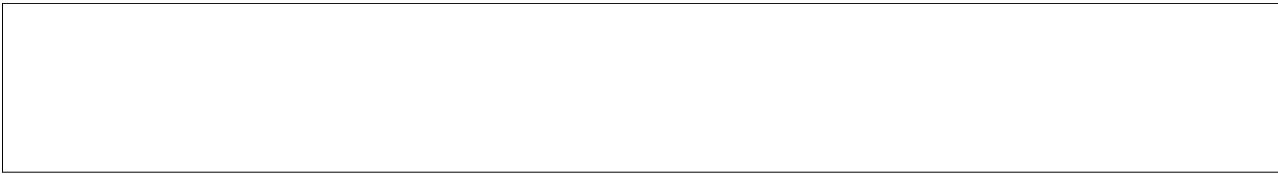
Address: 30722 COUNTY ROAD 22

City: IDALIA State: CO Zip: 80735

Latitude: 39.894800 Longitude: -102.227300 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>
402164161	Form44 Submitted

Total Attach: 1 Files