

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION Receive Date: 09/16/2019 Document Number: 402172895

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: 96850 Contact Person: Vicki Schoeber Company Name: TEP ROCKY MOUNTAIN LLC Phone: (970) 263-2721 Address: PO BOX 370 Email: vschoeber@terraep.com City: PARACHUTE State: CO Zip: 81635 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: 323967 Location Type: Well Site Name: RMV-66S96W Number: 34NWSW County: GARFIELD Qtr Qtr: NWSW Section: 34 Township: 6S Range: 96W Meridian: 6 Latitude: 39.478898 Longitude: -108.100796

DOMESTIC TAP FACILITY INFORMATION

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

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 12/01/2000 Flowline Start Point Riser Latitude: 39.479210 Longitude: -108.099980 PDOP: 2.3 Measurement Date: 08/02/2019 Tap Source: Flowline Street Address of Point of Delivery Address: N/A City: N/A State: CO Zip: N/A Latitude: 39.478039 Longitude: -108.099780 PDOP: 2.3 Measurement Date: 08/05/2019

OPERATOR COMMENTS AND SUBMITTAL

Comments

Registration of a domestic tap from a TEP gathering line - associated location is the GM 13-34.

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

Signed: \_\_\_\_\_ Date: 09/16/2019 Email: vschoeber@terraep.com

Print Name: Vicki Schoeber Title: Regulatory Specialist

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**

**Att Doc Num**

**Name**

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

Total Attach: 0 Files