

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: 09/18/2019 Document Number: 402181391

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: 69760 Contact Person: Jimmy Walker Company Name: PETRON DEVELOPMENT COMPANY Phone: (303) 794-5300 Address: 1899 W LITTLETON BLVD Email: jim@petron.net City: LITTLETON State: CO Zip: 80120 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: 304888 Location Type: Well Site Name: BRYCE DAY-64N47W Number: 24NWSW County: YUMA Qtr Qtr: NWSW Section: 24 Township: 4N Range: 47W Meridian: 6 Latitude: 40.298440 Longitude: -102.581220

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 467638 Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 06/01/2005 Flowline Start Point Riser Latitude: 40.298440 Longitude: -102.581220 PDOP: 2.1 Measurement Date: 06/08/2010 Tap Source: Wellhead Street Address of Point of Delivery Address: 11545 County Road 50 City: Yuma State: CO Zip: 80759 Latitude: Longitude: PDOP: Measurement Date:

OPERATOR COMMENTS AND SUBMITTAL

Comments

Thank you.

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

Signed: _____ Date: 09/18/2019 Email: jim@petron.net

Print Name: Jimmy Walker Title: Sec./Treas.

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: 9/19/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402181391	Form44 Submitted
402181401	CORRESPONDENCE-DOMESTIC TAP

Total Attach: 2 Files