

State of Colorado Oil and Gas Conservation Commission

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MONTHLY REPORT OF GASOLINE OR OTHER EXTRACTION PLANT

Rule 313: All operators of gasoline or other extraction plants shall make monthly reports to the Director on Form 11. Such forms shall contain all information required thereon and shall be filed with the Director on or before the 25th day of each month covering the preceding month.

Report gas volumes in MCF corrected to standard conditions of 14.73 psi and 60 degrees Fahrenheit.

CONTACT INFORMATION

OGCC Operator Number: 16700 Contact Name: Lindsay Allen
Name of Operator: CHEVRON USA INC Phone: (970) 257-6079
Address: 100 CHEVRON USA INC Title: Operations Assistant
City: RANGELY State: CO Zip: 81648 Email: lindsay.allen@chevron.com

FACILITY INFORMATION

Plant Name: WILSON CREEK GAS PLANT Gas Plant Facility ID: 255987
Plant Address: 7265 RIO BLANCO COUNTY ROAD 9 City: MEEKER State: CO Zip: 81641
County: RIO BLANCO

REPORT INFORMATION

Report For Month Of: 09 Year: 2019 Plant Shut-In For Entire Month (No Volumes): No

Report Whole Numbers ONLY. Do not enter decimals. Round ALL decimals to nearest whole number.

INTAKE VOLUME

Intake Volume From Oil Wells: 1 Mcf
Intake Volume From Gas Wells: 1 Mcf
TOTAL Intake Volume: 2 Mcf (See Note 1)

RESIDUE: DISPOSITION AND VOLUME

Plant Fuel: 1 Mcf
Returned For Lease Fuel: 0 Mcf
Sold or Other Disposition (Detail Below): 1 Mcf (See Note 2 & 3)
Returned To Earth: 0 Mcf
Vented: 0 Mcf
Shrinkage: 0 Mcf
TOTAL Residue Volume: 2 Mcf (See Note 1)

DETAILS of RESIDUE : SOLD or OTHER DISPOSITION (See Note 2)

Name of Purchaser or User	Address	Used For	MCF
Xcel	Meeker, CO	RESIDENTIAL	1

DetailsTotal Volume (See Note 3) 1

PLANT PRODUCTION ,RECEIPTS, DELIVERIES, FLARE, AND STOCK IN 42-GAL BARRELS

Product	Opening Stock	Receipts	Deliveries	Flare	Closing Stock
GAS FLARED				1	
NGL			716		

Description of Other: _____

NOTES		
1. Total Intake Volume MUST equal Total Residue Volume.	2. Details are REQUIRED for “Sold or Other Disposition” Volumes.	3. Details Total Volume MUST equal “Sold or Other Disposition” Volume.

OPERATOR COMMENTS
Reporting lower numbers for the month of September as the field was shut in beginning September 5 and was down the rest of the month, for repairs.

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

Signed: _____
Print Name: _____

Title: _____
Date: _____

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)