

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:

10/16/2019

Document Number:

402210616

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: 25255 Contact Person: Diana Cantrall
Company Name: DUKE GAS COMPANY LLC Phone: (970) 332-5610
Address: 22500 COUNTY RD 24 Email: djcantrall@gmail.com
City: VERNON State: CO Zip: 80755
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: 303350 Location Type: Well Site
Name: CANTRALL-61S45W Number: 35NWNE
County: YUMA
Qtr Qtr: NWNE Section: 35 Township: 1S Range: 45W Meridian: 6
Latitude: 39.932380 Longitude: -102.380820

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 468751 Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 12/06/1983

Flowline Start Point Riser

Latitude: 39.932380 Longitude: -102.380820 PDOP: Measurement Date: 10/16/2019

Tap Source: Wellhead

Street Address of Point of Delivery

Address: 22500 Co. Rd. 24

City: Vernon State: CO Zip: 80755

Latitude: 39.918219 Longitude: -102.382737 PDOP: Measurement Date: 10/16/2019

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 468752 Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

12/05/1983

Installation or Date of Discovery: _____

Flowline Start Point Riser

Latitude: 39.932380 Longitude -102.380820 PDOP: _____ Measurement Date: 10/16/2019

Tap Source: _____ Wellhead _____

Street Address of Point of Delivery

Address: 24638 Co. Rd. Y _____

City: Vernon State: CO Zip: 80755

Latitude: 39.928075 Longitude: -102.390742 PDOP: _____ Measurement Date: 10/16/2019

OPERATOR COMMENTS AND SUBMITTAL

Comments Staff made changes to the form adding both address lat/longs and used the well lat/long as the tap location. Well no longer selling gas, but serves both houses.

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

Signed: _____ Date: 10/16/2019 Email: djcantrall@gmail.com

Print Name: Diana Cantrall Title: Owner

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: 10/16/2019

Attachment Check List

Att Doc Num	Name
-------------	------

--	--

Total Attach: 0 Files