

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: 10703 Contact Name: Pam Williams
Name of Operator: OUTRIGGER DJ OPERATING LLC Phone: (720) 3612587
Address: 1200 17TH STREET #900 Title: Operational Acctg Mgr
City: DENVER State: CO Zip: 80202 Email: pwilliams@outriggerenergy.com

FACILITY INFORMATION

Plant Name: Makena Gas Plant Gas Plant Facility ID: 461252
Plant Address: 41980 Hwy 14 City: Briggsdale State: CO Zip: 80611
County: WELD

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: 1051657 Mcf
Intake Volume From Gas Wells: Mcf
TOTAL Intake Volume: 1051657 Mcf (See Note 1)

RESIDUE: DISPOSITION AND VOLUME

Plant Fuel: 30786 Mcf
Returned For Lease Fuel: Mcf
Sold or Other Disposition (Detail Below): 893501 Mcf (See Note 2 & 3)
Returned To Earth: Mcf
Vented: Mcf
Shrinkage: 127370 Mcf
TOTAL Residue Volume: 1051657 Mcf (See Note 1)

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

Name of Purchaser or User	Address	Used For	MCF
Shell Energy North America, LP		3RD PURCHASE	893501

DetailsTotal Volume (See Note 3) 893501

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

Product	Opening Stock	Receipts	Deliveries	Flare	Closing Stock
BUTANE	422		28885		439
ETHANE	79		8602		72
GASOLINE	296		18958		318
PROPANE	315		33760		327

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

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)