

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: 100323 Contact Name: CECELIA SELAM
Name of Operator: AKA ENERGY GROUP LLC Phone: (970) 764-6986
Address: 125 MERCADO STREET #201 Title: ASSISTANT CONTROLLER
City: DURANGO State: CO Zip: 81301 Email: CSELAM@REDCEDARGATHERING.COM

FACILITY INFORMATION

Plant Name: GILCREST GAS PLANT Gas Plant Facility ID: 120008
Plant Address: 13472 WELD CR 40 City: PLATTEVILLE State: CO Zip: 80651
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: 1141232 Mcf
Intake Volume From Gas Wells: 880658 Mcf
TOTAL Intake Volume: 2021890 Mcf (See Note 1)

RESIDUE: DISPOSITION AND VOLUME

Plant Fuel: 78790 Mcf
Returned For Lease Fuel: 0 Mcf
Sold or Other Disposition (Detail Below): 1854203 Mcf (See Note 2 & 3)
Returned To Earth: 0 Mcf
Vented: 85 Mcf
Shrinkage: 88812 Mcf
TOTAL Residue Volume: 2021890 Mcf (See Note 1)

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

Name of Purchaser or User	Address	Used For	MCF
TENASKA		3RD PURCHASE	875756
KERR MCGEE		PROCESSING	944050
FIELD FUEL		COMPRESSOR FUEL	34397

DetailsTotal Volume (See Note 3)

1854203

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

Product	Opening Stock	Receipts	Deliveries	Flare	Closing Stock
BUTANE	2325	0	16838	0	2325
CONDENSATE	115	0	8109	0	115
ETHANE	2978	0	10532	0	2978
GASOLINE	1707	0	12016	0	1707
PROPANE	3822	0	19124	0	3822

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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)