

State of Colorado Oil and Gas Conservation Commission

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Receive Date:

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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: 10 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: 1234102 Mcf
Intake Volume From Gas Wells: Mcf
TOTAL Intake Volume: 1234102 Mcf (See Note 1)

RESIDUE: DISPOSITION AND VOLUME

Plant Fuel: 32241 Mcf
Returned For Lease Fuel: Mcf
Sold or Other Disposition (Detail Below): 1042164 Mcf (See Note 2 & 3)
Returned To Earth: Mcf
Vented: Mcf
Shrinkage: 159697 Mcf
TOTAL Residue Volume: 1234102 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	1042164

DetailsTotal Volume (See Note 3) 1042164

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

Product	Opening Stock	Receipts	Deliveries	Flare	Closing Stock
BUTANE	280		32980		321
ETHANE	83		17989		175
GASOLINE	184		19882		194
PROPANE	327		40851		398

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.
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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)