

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: 10390 Contact Name: CHADWICK LEAVITT
 Name of Operator: STERLING ENERGY INVESTMENTS LLC Phone: (720) 8817099
 Address: 1200 17TH STREET #2850 Title: CFO
 City: DENVER State: CO Zip: 80202 Email: NOMAIL@GMAIL.COM

FACILITY INFORMATION

Plant Name: CENTENNIAL GAS PLANT Gas Plant Facility ID: 451843
 Plant Address: _____ City: _____ State: _____ Zip: _____
 County: WELD

REPORT INFORMATION

Report For Month Of: 08 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: _____ Mcf
 Intake Volume From Gas Wells: 344964 Mcf
 TOTAL Intake Volume: 344964 Mcf (See Note 1)

RESIDUE: DISPOSITION AND VOLUME

Plant Fuel: 40815 Mcf
 Returned For Lease Fuel: _____ Mcf
 Sold or Other Disposition (Detail Below): 248414 Mcf (See Note 2 & 3)
 Returned To Earth: _____ Mcf
 Vented: _____ Mcf
 Shrinkage: 55735 Mcf
 TOTAL Residue Volume: 344964 Mcf (See Note 1)

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

Name of Purchaser or User	Address	Used For	MCF
STERLING ENERGY INVESTMENTS	1200 17TH ST, STE 2850, DENVER, CO 80202	RESALE	248414

DetailsTotal Volume (See Note 3) 248414

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

Product	Opening Stock	Receipts	Deliveries	Flare	Closing Stock
OTHER	2580		35718		3088

Description of Other: UNKNOWN

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

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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)