

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) 88107099
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: 2018 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: 424221 Mcf
TOTAL Intake Volume: 424221 Mcf (See Note 1)

RESIDUE: DISPOSITION AND VOLUME

Plant Fuel: 58308 Mcf
Returned For Lease Fuel: _____ Mcf
Sold or Other Disposition (Detail Below): 326271 Mcf (See Note 2 & 3)
Returned To Earth: _____ Mcf
Vented: _____ Mcf
Shrinkage: 39642 Mcf
TOTAL Residue Volume: 424221 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	1200 17TH ST, STE 2850, DENVER, CO 80202	RESALE	326271

DetailsTotal Volume (See Note 3) 326271

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

Product	Opening Stock	Receipts	Deliveries	Flare	Closing Stock
OTHER	2649		58799		1898

Description of Other: N/A

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)