

**State of Colorado**  
**Oil and Gas Conservation Commission**

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Receive Date:

11/27/2019

Document Number:

1309189

## 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) 881-7099  
 Address: 1200 17TH STREET #2850 Title: CFO  
 City: DENVER State: CO Zip: 80202 Email: NOMAIL@GMAIL.COM

### FACILITY INFORMATION

Plant Name: JACKSON LAKE GAS PLANT Gas Plant Facility ID: 451837  
 Plant Address: 31405 CR 10 City: Weldona State: CO Zip: 80653  
 County: MORGAN

### 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: \_\_\_\_\_ Mcf  
 Intake Volume From Gas Wells: 943099 Mcf  
 TOTAL Intake Volume: 943099 Mcf (See Note 1)

### RESIDUE: DISPOSITION AND VOLUME

Plant Fuel: 18705 Mcf  
 Returned For Lease Fuel: \_\_\_\_\_ Mcf  
 Sold or Other Disposition (Detail Below): 784870 Mcf (See Note 2 & 3)  
 Returned To Earth: \_\_\_\_\_ Mcf  
 Vented: \_\_\_\_\_ Mcf  
 Shrinkage: 139524 Mcf  
 TOTAL Residue Volume: 943099 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 LLC	1200 17TH ST, ST 2850, DENVER, CO 80202	RESALE	784870

DetailsTotal Volume (See Note 3) 784870

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

Product	Opening Stock	Receipts	Deliveries	Flare	Closing Stock
OTHER	3143		85483		2329

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**

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

Total: 0 comment(s)