

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

09/27/2019

Document Number:

402191803

Domestic Tap

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, or report abandonment of Off-Location Flowlines, Produced Water Transfer Systems, Domestic Taps, or Crude Oil Transfer Lines as required by the 1100 Series Rules. The Form shall also be submitted to report Grade 1 Gas Leaks from Flowlines per Rule 1104.k.

Operator Information

OGCC Operator Number: 10699 Contact Person: Pat Dolezal
Company Name: OWN RESOURCES OPERATING LLC Phone: (970) 332-3585
Address: 36695 US-385 Email: pat.dolezal@ownresources.com
City: WRAY State: CO Zip: 80758
Is the Operator a Tier One member of the Utility Notification Center of Colorado (CO811) that participates in Colorado's One Call notification system? Yes ☒ No ☐

DOMESTIC TAP**DOMESTIC TAP ASSOCIATED WELL LOCATION IDENTIFICATION**

Location ID: 303392 Location Type: Well Site
Name: JONES-61N44W Number: 18SESE
County: YUMA
Qtr Qtr: SESE Section: 18 Township: 1N Range: 44W Meridian: 6
Latitude: 40.048480 Longitude: -102.324850

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 471640 Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 10/13/1987

Flowline Start Point Riser

Latitude: 40.048480 Longitude: -102.324850 PDOP: Measurement Date: 07/01/2019

Tap Source: Wellhead

Street Address of Point of Delivery

Address:

City: State: Zip:

Latitude: 40.052033 Longitude: -102.330242 PDOP: Measurement Date: 07/01/2019

OPERATOR COMMENTS AND SUBMITTAL

Comments

Domestic tap Jones 01-18 API 125-6923

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 09/27/2019 Email: pat.dolezal@ownresources.com

Print Name: Pat Dolezal Title: Regulatory Specialist

Based on the information provided herein, this Flowline Report complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____  Director of COGCC Date: 2/19/2020

Attachment Check List

Att Doc Num

Name

402191803

Form44 Submitted

Total Attach: 1 Files