

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION Receive Date: 09/27/2019 Document Number: 402191809

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 [X] No [ ]

DOMESTIC TAP

DOMESTIC TAP ASSOCIATED WELL LOCATION IDENTIFICATION

Location ID: 303084 Location Type: Well Site Name: LUEKING-65N46W Number: 19SESE County: YUMA Qtr Qtr: SESE Section: 19 Township: 5N Range: 46W Meridian: 6 Latitude: 40.382790 Longitude: -102.533950

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 471642 Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 01/15/1980 Flowline Start Point Riser Latitude: 40.382790 Longitude: -102.533950 PDOP: Measurement Date: 07/01/2019 Tap Source: Wellhead Street Address of Point of Delivery Address: City: State: Zip: Latitude: 40.380800 Longitude: -102.539453 PDOP: Measurement Date: 07/01/2019

OPERATOR COMMENTS AND SUBMITTAL

Comments

Domestic tap Lueking O 02-19 API 125-6305

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**

402191809

Form44 Submitted

Total Attach: 1 Files