

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: 402191903

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: 303446 Location Type: Well Site Name: BROPHY, J-64N46W Number: 22SESE County: YUMA Qtr Qtr: SESE Section: 22 Township: 4N Range: 46W Meridian: 6 Latitude: 40.296010 Longitude: -102.493350

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 471645 Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 09/10/1984

Flowline Start Point Riser

Latitude: 40.296010 Longitude: -102.493350 PDOP: Measurement Date: 07/01/2019

Tap Source: Wellhead

Street Address of Point of Delivery

Address: City: State: Zip: Latitude: 40.297023 Longitude: -102.498323 PDOP: Measurement Date: 07/01/2019

OPERATOR COMMENTS AND SUBMITTAL

Comments

Domestic tap Brophy J 09-22 API 125-7001

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

402191903

Form44 Submitted

Total Attach: 1 Files