

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:

10/01/2019

Document Number:

402194916

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: 10559 Contact Person: Connie Blaylock
Company Name: SOUTHLAND ROYALTY COMPANY LLC Phone: (817) 334-7882
Address: 400 WEST 7TH STREET Email: cblaylock@mspartners.com
City: FORT WORTH State: TX Zip: 76102
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: 333343 Location Type: Well Site
Name: PETERSON 32-6-N32N6W Number: 14SESW
County: ARCHULETA
Qtr Qtr: SESW Section: 14 Township: 32N Range: 6W Meridian: N
Latitude: 37.013660 Longitude: -107.470390

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 473769 Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 05/07/2005

Flowline Start Point Riser

Latitude: 37.013658 Longitude: -107.470383 PDOP: Measurement Date: 03/11/2019

Tap Source: Wellhead

Street Address of Point of Delivery

Address: 663 County Road 988

City: Ignacio State: CO Zip: 81137

Latitude: Longitude: PDOP: Measurement Date:

OPERATOR COMMENTS AND SUBMITTAL

Comments

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

Signed: _____ Date: 10/01/2019 Email: relworthy@ctfieldsvcs.com

Print Name: Ryan Elworthy Title: Environmental Technician

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: 3/17/2020

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402194916	Form44 Submitted
402194943	PRESSURE TEST

Total Attach: 2 Files