

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION Receive Date: 10/01/2019 Document Number: 402195005

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 [X] No []

DOMESTIC TAP

DOMESTIC TAP ASSOCIATED WELL LOCATION IDENTIFICATION

Location ID: 334035 Location Type: Well Site Name: QUINTANA 32-6-N32N6W Number: 15SWSE County: LA PLATA Qtr Qtr: SWSE Section: 15 Township: 32N Range: 6W Meridian: N Latitude: 37.011380 Longitude: -107.486180

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 473768 Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 06/12/2006 Flowline Start Point Riser Latitude: 37.011363 Longitude: -107.485881 PDOP: Measurement Date: 03/11/2019 Tap Source: Wellhead Street Address of Point of Delivery Address: City: State: Zip: Latitude: 37.011040 Longitude: -107.485312 PDOP: Measurement Date: 03/11/2019

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: Lease Operator

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>
402195005	Form44 Submitted
402195061	PRESSURE TEST

Total Attach: 2 Files