

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:

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 ☒ 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**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
402195005	Form44 Submitted
402195061	PRESSURE TEST

Total Attach: 2 Files