

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:

10/17/2019

Document Number:

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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: 10000 Contact Person: Patti Campbell
Company Name: BP AMERICA PRODUCTION COMPANY Phone: (970) 712-5997
Address: 1199 MAIN AVENUE SUITE 101 Email: patti.campbell@bpx.com
City: DURANGO State: CO Zip: 81301
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: 326619 Location Type: Well Site
Name: FASSETT GAS UNIT 2-13-M34N9W Number: 13NESE
County: LA PLATA
Qtr Qtr: NESE Section: 13 Township: 34N Range: 9W Meridian: M
Latitude: 37.188867 Longitude: -107.772506

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 474305 Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 01/06/2006

Flowline Start Point Riser

Latitude: 37.189129 Longitude: -107.772634 PDOP: 2.7 Measurement Date: 07/23/2012

Tap Source: Separator

Street Address of Point of Delivery

Address: 459 CR 308

City: Durango State: CO Zip: 81303

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: 10/17/2019 Email: patti.campbell@bpx.com

Print Name: Patti Campbell Title: Regulatory Analyst

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: 3/26/2020

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|---------------------------|--------------------|
| 402151543 | Form44 Submitted |

Total Attach: 1 Files