

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: 10/17/2019 Document Number: 402151533

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 [X] No []

DOMESTIC TAP

DOMESTIC TAP ASSOCIATED WELL LOCATION IDENTIFICATION

Location ID: 325785 Location Type: Well Site Name: CHAPMAN GAS UNIT A-M34N9W Number: 14NENW County: LA PLATA Qtr Qtr: NENW Section: 14 Township: 34N Range: 9W Meridian: M Latitude: 37.195227 Longitude: -107.799307

DOMESTIC TAP FACILITY INFORMATION

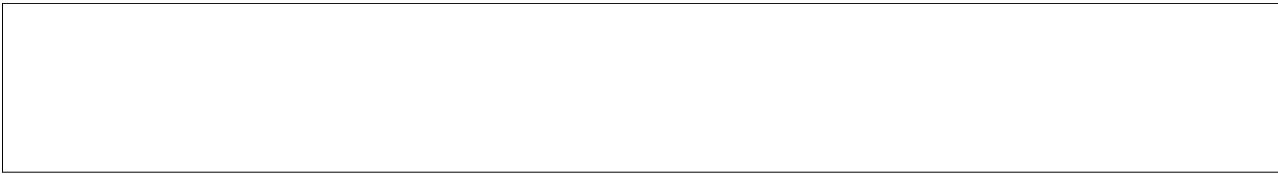
Flowline Facility ID: 474309 Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 09/15/2011 Flowline Start Point Riser Latitude: 37.195031 Longitude: -107.799423 PDOP: 2.3 Measurement Date: 07/05/2007 Tap Source: Separator Street Address of Point of Delivery Address: 5655 CR 302 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>
402151533	Form44 Submitted

Total Attach: 1 Files