

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



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MONTHLY REPORT OF GASOLINE OR OTHER EXTRACTION PLANT

Rule 313: All operators of gasoline or other extraction plants shall make monthly reports to the Director on Form 11. Such forms shall contain all information required thereon and shall be filed with the Director on or before the 25th day of each month covering the preceding month.

Report gas volumes in MCF corrected to standard conditions of 14.73 psi and 60 degrees Fahrenheit.

CONTACT INFORMATION

OGCC Operator Number: 61250 Contact Name: Risa Carter
Name of Operator: MULL DRILLING COMPANY INC Phone: (316) 264-6366
Address: 1700 N WATERFRONT PKWY B#1200 Title: Prod. Tech.
City: WICHITA State: KS Zip: 67206-6637 Email: rcarter@mulldrilling.com

FACILITY INFORMATION

Plant Name: NWAU GAS PLANT Gas Plant Facility ID: 255971
Plant Address: SW SE SECTION 31 - T13S - R42W City: CHEYENNE State: CO Zip: 80810
County: CHEYENNE

REPORT INFORMATION

Report For Month Of: 02 Year: 2020 Plant Shut-In For Entire Month (No Volumes): No

Report Whole Numbers ONLY. Do not enter decimals. Round ALL decimals to nearest whole number.

INTAKE VOLUME

Intake Volume From Oil Wells: 82658 Mcf
Intake Volume From Gas Wells: Mcf
TOTAL Intake Volume 82658 Mcf (See Note 1)

RESIDUE: DISPOSITION AND VOLUME

Plant Fuel: 3153 Mcf
Returned For Lease Fuel: 4910 Mcf
Sold or Other Disposition (Detail Below): 0 Mcf (See Note 2 & 3)
Returned To Earth: 73697 Mcf
Vented: Mcf
Shrinkage: 898 Mcf
TOTAL Residue Volume: 82658 Mcf (See Note 1)

DETAILS of RESIDUE : SOLD or OTHER DISPOSITION (See Note 2)

Name of Purchaser or User	Address	Used For	MCF

DetailsTotal Volume (See Note 3) 0

PLANT PRODUCTION ,RECEIPTS, DELIVERIES, FLARE, AND STOCK IN 42-GAL BARRELS

Product	Opening Stock	Receipts	Deliveries	Flare	Closing Stock
NGL	179		705		93

Description of Other: _____

NOTES		
1. Total Intake Volume MUST equal Total Residue Volume.	2. Details are REQUIRED for “Sold or Other Disposition” Volumes.	3. Details Total Volume MUST equal “Sold or Other Disposition” Volume.

OPERATOR COMMENTS

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

Signed: _____

Print Name: _____

Title: _____

Date: _____

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)