

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION Receive Date: 10/25/2019 Document Number: 402221908

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: 10663 Contact Person: Heather Huntington Company Name: ENDURING RESOURCES LLC Phone: (505) 636-9751 Address: 1050 17TH STREET SUITE 2500 Email: hhuntington@enduringresources.com City: DENVER State: CO Zip: 80265 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: 333805 Location Type: Well Site Name: LA POSTA-N33N10W Number: 5NWSW County: LA PLATA Qtr Qtr: NWSW Section: 5 Township: 33N Range: 10W Meridian: N Latitude: 37.130357 Longitude: -107.963271

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 475470 Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 10/01/1991

Flowline Start Point Riser

Latitude: 37.130253 Longitude: -107.962716 PDOP: Measurement Date: 10/15/2019

Tap Source: Separator

Street Address of Point of Delivery

Address: 1350 Lion RD City: Durango State: CO Zip: 81303 Latitude: 37.129630 Longitude: -107.965617 PDOP: Measurement Date: 10/15/2019

OPERATOR COMMENTS AND SUBMITTAL

Comments

This gas tap was removed and is no longer operational as of 10/24/19

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

Signed: _____ Date: 10/25/2019 Email: hhuntington@enduringresources.com

Print Name: Heather Huntington Title: Permitting Technician

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: 4/17/2020

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402221908	Form44 Submitted

Total Attach: 1 Files