

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: 10/22/2019 Document Number: 402217411

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: 53255 Contact Person: Jim Graves Company Name: MARALEX RESOURCES INC Phone: (970) 712-0099 Address: P O BOX 338 Email: mrinc20@qwestoffice.net City: IGNACIO State: CO Zip: 81137 Is the Operator a Tier One member of the Utility Notification Center of Colorado (UNCC) that participates in Colorado's One Call notification system? Yes [X] No []

DOMESTIC TAP

DOMESTIC TAP ASSOCIATED WELL LOCATION IDENTIFICATION

Location ID: 312472 Location Type: Well Site Name: LATHAM-68S99W Number: 18SENW County: MESA Qtr Qtr: SENW Section: 18 Township: 8S Range: 99W Meridian: 6 Latitude: 39.360708 Longitude: -108.476376

DOMESTIC TAP FACILITY INFORMATION

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

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 09/25/2019 Flowline Start Point Riser Latitude: 39.364080 Longitude: -108.476280 PDOP: Measurement Date: 09/25/2019 Tap Source: Flowline Street Address of Point of Delivery Address: City: State: Zip: Latitude: 39.363962 Longitude: -108.475738 PDOP: Measurement Date: 09/25/2019

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: 10/22/2019 Email: mrinc20@qwestoffice.net

Print Name: Jim Graves Title: Operations Manager

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: _____

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files