

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: 10/31/2019 Document Number: 402228304

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: 10464 Contact Person: Nolan Redmond Company Name: CATAMOUNT ENERGY PARTNERS LLC Phone: (720) 484-2347 Address: 1801 BROADWAY #1000 Email: nredmond@catamountep.com City: DENVER State: CO Zip: 80202 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: 325129 Location Type: Well Site Name: HERRERA UNIT B-N33N8W Number: 20NWNW County: LA PLATA Qtr Qtr: NWNW Section: 20 Township: 33N Range: 8W Meridian: N Latitude: 37.093730 Longitude: -107.745630

DOMESTIC TAP FACILITY INFORMATION

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

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 05/01/2017 Flowline Start Point Riser Latitude: 37.093730 Longitude: -107.745630 PDOP: 2.1 Measurement Date: 05/04/2006 Tap Source: Wellhead Street Address of Point of Delivery Address: 3760 CR 318 City: Ignacio State: CO Zip: 81137 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: 10/31/2019 Email: nredmond@catamountep.com

Print Name: Nolan Redmond Title: Geo/Eng Tech

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

Att Doc Num

Name

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files