

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

10/31/2019

Document Number:

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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: 96735 Contact Person: Matt Williford
Company Name: WILLIFORD RESOURCES, L.L.C. Phone: (918) 7128828
Address: 6506 S LEWIS AVE STE 102 Email: mattw@swbell.net
City: TULSA State: OK Zip: 74136
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 ☒ No ☐

DOMESTIC TAP**DOMESTIC TAP ASSOCIATED WELL LOCATION IDENTIFICATION**

Location ID: 325289 Location Type: Well Site
Name: HARRIS, DONALD-N33N12W Number: 12NENE
County: LA PLATA
Qtr Qtr: NENE Section: 12 Township: 33N Range: 12W Meridian: N
Latitude: 37.123977 Longitude: -108.094415

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: 37.123977 Longitude: -108.094415 PDOP: Measurement Date: 09/25/2019

Tap Source: Wellhead

Street Address of Point of Delivery

Address: 876 CR 129

City: Hesperus State: CO Zip: 81326

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: mattw@swbell.net

Print Name: Matt Williford Title: Production 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

Att Doc Num **Name**

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Total Attach: 0 Files