

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:

402227947

## 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 (CO811) 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: 476323 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: 5/13/2020

**Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
402227947	Form44 Submitted

Total Attach: 1 Files