

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:

05/13/2020

Document Number:

402221408

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: 10133 Contact Person: Christina Cook
Company Name: HILCORP ENERGY COMPANY Phone: (505) 324-5109
Address: P O BOX 61229 Email: ccook@hilcorp.com
City: HOUSTON State: TX Zip: 77208
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: 325593 Location Type: Well Site
Name: PARGIN-N33N7W Number: 36SWNE
County: LA PLATA
Qtr Qtr: SWNE Section: 36 Township: 33N Range: 7W Meridian: N
Latitude: 37.064291 Longitude: -107.555998

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 476401 Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 04/01/2018

Flowline Start Point Riser

Latitude: 37.060660 Longitude: -107.557650 PDOP: Measurement Date: 10/22/2019

Tap Source: Wellhead

Street Address of Point of Delivery

Address:

City: State: Zip:

Latitude: 37.060570 Longitude: -107.557690 PDOP: Measurement Date: 10/22/2019

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: 05/13/2020 Email: ccook@hilcorp.com

Print Name: Christina Cook Title: Pipeline/Compliance 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: 5/14/2020

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402221408	Form44 Submitted

Total Attach: 1 Files