

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: 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 [X] 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

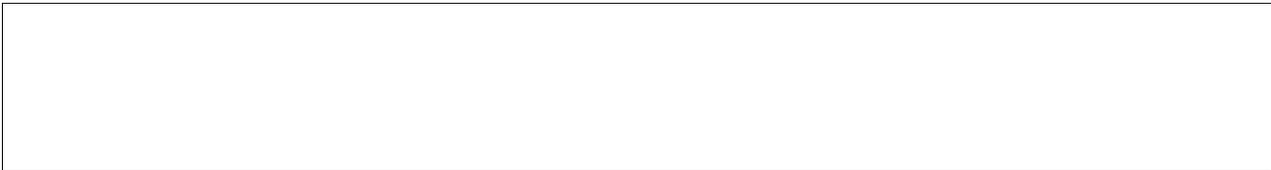
Flowline Facility ID: 476401 Flowline Facility Type: Domestic Action Type: Registration

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