

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION Receive Date: 10/27/2019 Document Number: 402222747

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: 10550 Contact Person: Deb Lemon Company Name: MUSTANG RESOURCES LLC Phone: (303) 8075112 Address: 1660 LINCOLN STREET SUITE 1450 Email: dlemon@mustangresourcesllc.com City: DENVER State: CO Zip: 80264 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: 323788 Location Type: Well Site Name: MOORE-66S94W Number: 27SENE County: GARFIELD Qtr Qtr: SENE Section: 27 Township: 6S Range: 94W Meridian: 6 Latitude: 39.499339 Longitude: -107.867169

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 477066 Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 01/01/1990 Flowline Start Point Riser Latitude: 39.499041 Longitude: -107.866939 PDOP: 6.0 Measurement Date: 09/16/2019 Tap Source: Wellhead Street Address of Point of Delivery Address: 5809 County Rd 320 City: Rifle State: CO Zip: CO Latitude: 39.498730 Longitude: -107.866200 PDOP: 2.0 Measurement Date: 09/16/2019

OPERATOR COMMENTS AND SUBMITTAL

Comments

Installation date of domestic tap is estimated.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 10/27/2019 Email: rachelk@sgm-inc.com

Print Name: Rachel Kattnig Title: Environmental Consultant

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: 6/26/2020

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402222747	Form44 Submitted

Total Attach: 1 Files