

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:

12/15/2020

Document Number:

402554504

Domestic Tap

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, provide pre-abandonment notices, or report abandonment of Off-Location Flowlines, Flowline Systems, Produced Water Transfer Systems, or Crude Oil Transfer Lines or Systems as required by the 1100 Series Rules. The Form 44 shall also be submitted to register, report realignment, or report abandonment of Domestic Taps, and to report Grade 1 Gas Leaks from Flowlines per Rules 610 and

Operator Information

OGCC Operator Number: 10055 Contact Person: Joe Mazotti
Company Name: SAGOUSPE* JEAN P Phone: (720) 226-5791
Address: P O BOX 1365 Email: ogp-co@comcast.net
City: LOS BANOS State: CA Zip: 93635
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: 316749 Location Type: Well Site
Name: BEAR VICTOR-66N87W Number: 11SESE
County: ROUTT
Qtr Qtr: SESE Section: 11 Township: 6N Range: 87W Meridian: 6
Latitude: 40.486861 Longitude: -107.107735

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 478823 Flowline Facility Type: Domestic Action Type: Abandonment Verification

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 09/05/1975

Flowline Start Point Riser

Latitude: 40.486861 Longitude: -107.107735
GPS Quality Value: Type of GPS Quality Value: Accuracy in Meters Measurement Date: 11/06/2020

Tap Source: Wellhead

Street Address of Point of Delivery

Address: 16645 Hwy 40
City: Craig State: CO Zip:
Latitude: 40.485371 Longitude: -107.113918
GPS Quality Value: Type of GPS Quality Value: Measurement Date:

DOMESTIC TAP Abandonment VerificationDate: 11/17/2020**Description of Abandonment Verification:**

Flowline was cut and capped at both ends.`

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: 12/15/2020 Email: ogp-co@comcast.netPrint Name: Joe Mazotti Title: Agent

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: 12/15/2020

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402554504	Form44 Submitted
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)

