

State of Colorado Oil and Gas Conservation Commission

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MONTHLY REPORT OF GASOLINE OR OTHER EXTRACTION PLANT

Rule 313: All operators of gasoline or other extraction plants shall make monthly reports to the Director on Form 11. Such forms shall contain all information required thereon and shall be filed with the Director on or before the 25th day of each month covering the preceding month.

Report gas volumes in MCF corrected to standard conditions of 14.73 psi and 60 degrees Fahrenheit.

CONTACT INFORMATION

OGCC Operator Number: 10262 Contact Name: DEBORAH WONG
Name of Operator: ENTERPRISE PRODUCTS OPERATING LLC Phone: (713) 381-4298
Address: 1100 LOUISIANA STREET Title: ACCOUNTANT
City: HOUSTON State: TX Zip: 77002 Email: dewong@eprod.com

FACILITY INFORMATION

Plant Name: MEEKER GAS PLANT Gas Plant Facility ID: 412180
Plant Address: 27991 CR 5 City: RIFLE State: CO Zip: 81650
County: RIO BLANCO

REPORT INFORMATION

Report For Month Of: 02 Year: 2021 Plant Shut-In For Entire Month (No Volumes): No

Report Whole Numbers ONLY. Do not enter decimals. Round ALL decimals to nearest whole number.

INTAKE VOLUME

Intake Volume From Oil Wells: _____ Mcf
Intake Volume From Gas Wells: 20162672 Mcf
TOTAL Intake Volume 20162672 Mcf (See Note 1)

RESIDUE: DISPOSITION AND VOLUME

Plant Fuel: 155425 Mcf
Returned For Lease Fuel: _____ Mcf
Sold or Other Disposition (Detail Below): 18967700 Mcf (See Note 2 & 3)
Returned To Earth: _____ Mcf
Vented: 61874 Mcf
Shrinkage: 977673 Mcf
TOTAL Residue Volume: 20162672 Mcf (See Note 1)

DETAILS of RESIDUE : SOLD or OTHER DISPOSITION (See Note 2)

Name of Purchaser or User	Address	Used For	MCF
NORTHWEST HUB		TRANSPORT TO MARKET	1877591
WHITE RIVER HUB		TRANSPORT TO MARKET	17090109

DetailsTotal Volume (See Note 3) 18967700

PLANT PRODUCTION ,RECEIPTS, DELIVERIES, FLARE, AND STOCK IN 42-GAL BARRELS

Product	Opening Stock	Receipts	Deliveries	Flare	Closing Stock
BUTANE			72689		
ETHANE			181856		
GASOLINE			93729		
PROPANE			119378		

Description of Other: _____

NOTES		
1. Total Intake Volume MUST equal Total Residue Volume.	2. Details are REQUIRED for “Sold or Other Disposition” Volumes.	3. Details Total Volume MUST equal “Sold or Other Disposition” Volume.

OPERATOR COMMENTS

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

Signed: _____

Print Name: _____

Title: _____

Date: _____

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)