

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: 04/19/2022 Document Number: 402227917

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 906.

Operator Information

OGCC Operator Number: 96735 Contact Person: Matt Williford
Company Name: WILLIFORD RESOURCES, L.L.C. Phone: (918) 7128828
Address: 6506 S LEWIS AVE STE 102 Email: mattw@swbell.net
City: TULSA State: OK Zip: 74136
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: 325405 Location Type: Well Site
Name: HAZEL-N33N12W Number: 12NWNE
County: LA PLATA
Qtr Qtr: NWNE Section: 12 Township: 33N Range: 12W Meridian: N
Latitude: 37.123997 Longitude: -108.098985

DOMESTIC TAP FACILITY INFORMATION

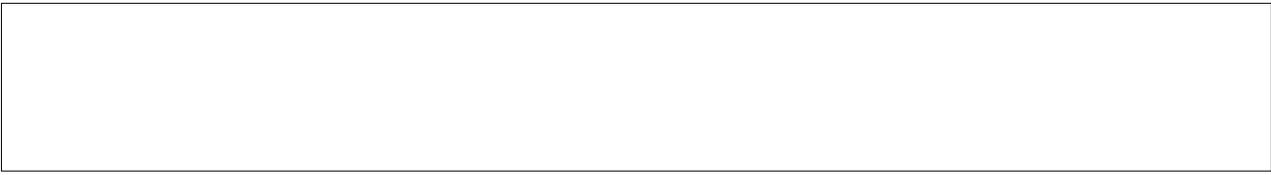
Flowline Facility ID: 482510 Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 02/01/2022
Flowline Start Point Riser
Latitude: 37.123997 Longitude: -108.098985
GPS Quality Value: Type of GPS Quality Value: Measurement Date: 02/02/2022
Tap Source: Wellhead
Street Address of Point of Delivery
Address: 367 County Road 129
City: Hesperus State: CO Zip: 81326
Latitude: Longitude:
GPS Quality Value: Type of GPS Quality Value: Measurement Date:

OPERATOR COMMENTS AND SUBMITTAL

Comments

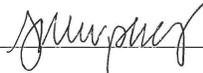


I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 04/19/2022 Email: mattw@swbell.net

Print Name: matt williford Title: production manager

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: 7/15/2022

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402227917	Form44 Submitted
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval

Total: 0 comment(s)