

State of Colorado
Energy & Carbon Management Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

10/24/2023

Document Number:

403571371

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: 10699 Contact Person: Pat Dolezal
Company Name: OWN RESOURCES OPERATING LLC Phone: (970) 332-3585
Address: 305 S RIDGE STREET #6279 Email: pat.dolezal@ownresources.com
City: BRECKENRIDGE State: CO Zip: 80424
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: 303672 Location Type: Well Site
Name: NEWTON 397-61N46W Number: 2SESW
County: YUMA
Qtr Qtr: SESW Section: 2 Township: 1N Range: 46W Meridian: 6
Latitude: 40.077780 Longitude: -102.484860

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 467373 Flowline Facility Type: Domestic Action Type: Abandonment Verification

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 05/16/2019

Flowline Start Point Riser

Latitude: 40.077775 Longitude: -102.484876
GPS Quality Value: Type of GPS Quality Value: Measurement Date: 05/16/2019
Tap Source: Flowline

Street Address of Point of Delivery

Address: 17492 COUNTY ROAD 36
City: ECKLEY State: CO Zip: 80727
Latitude: 40.089406 Longitude: -102.483287
GPS Quality Value: 0.9 Type of GPS Quality Value: Measurement Date: 05/16/2019

DOMESTIC TAP Abandonment VerificationDate: 10/24/2023**Description of Abandonment Verification:**

Well has been plugged. Domestic Tap has been removed

OPERATOR COMMENTS AND SUBMITTAL

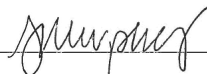
Comments

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

Signed: _____ Date: 10/24/2023 Email: pat.dolezal@ownresources.comPrint Name: Pat Dolezal Title: Regulatory Specialist

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: 11/27/2023

Condtions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)