

State of Colorado
Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



ECMC RECEPTION

Receive Date:

11/30/2023

Document Number:

403611711

Grade 1 Gas Leak Report

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

ECMC Operator Number: 95960 Contact Person: April Stegall
Company Name: WEXPRO COMPANY Phone: (307) 352-7561
Address: P O BOX 45003 Email: april.stegall@dominionenergy.com
City: SALT LAKE CITY State: UT Zip: 84145-0601
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 ☐

GRADE 1 GAS LEAK REPORT

Facility or Location ID Number: 312789 Flowline Location has No Location ID Number: ☐
Location Facility Name: DONNELL-GOVERNMENT-611N101W Number: 4SENW
County: MOFFAT
Quarter Quarter: SENW Section: 4 Township: 11N Range: 101W Meridian: 6
Latitude: 40.942576 Longitude: -108.755781

Was there a reportable E & P waste spill or release associated with this Grade 1 Gas Leak? Yes ☐ No ☒
If YES, enter the Document Number of the Initial Spill/Release Report, Form 19 _____
Was there a reportable accident associated with this Grade 1 Gas Leak? Yes ☐ No ☒
If YES, enter the Document Number of the Initial Accident Report, Form 22 _____

OPERATOR COMMENTS AND SUBMITTAL

Comments 6 hour notification given to Kris Neidel via voicemail and email. Form 19 (document 403611485) submitted on 11/30/23. Please see form 19 for incident details.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 11/30/2023 Email: april.stegall@dominionenergy.com

Print Name: April Stegall Title: Permit Agent

Based on the information provided herein, this Flowline Report complies with ECMC Rules and applicable orders and is hereby approved.

ECMC Approved:  Director of ECMC Date: 4/12/2024

CONDITIONS OF APPROVAL, IF ANY LIST

COA Type

Description

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ATTACHMENT LIST

Att Doc Num

Name

403611711	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)