

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:

03/20/2024

Document Number:

403725979

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

ECMC 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: 303446 Location Type: Well Site
Name: BROPHY, J-64N46W Number: 22SESE
County: YUMA
Qtr Qtr: SESE Section: 22 Township: 4N Range: 46W Meridian: 6
Latitude: 40.296010 Longitude: -102.493350

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 471645 Flowline Facility Type: Domestic Action Type: Abandonment Verification

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 09/10/1984

Flowline Start Point Riser

Latitude: 40.296010 Longitude: -102.493350
GPS Quality Value: Type of GPS Quality Value: Measurement Date: 09/10/1984
Tap Source: Wellhead

Street Address of Point of Delivery

Address:
City: State: Zip:
Latitude: 40.297023 Longitude: -102.498323
GPS Quality Value: Type of GPS Quality Value: Measurement Date: 07/01/2019

DOMESTIC TAP Abandonment Verification

Date: 03/20/2024

Description of Abandonment Verification:

Domestic tap is no longer in use at this location

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: 03/20/2024 Email: pat.dolezal@ownresources.com

Print Name: Pat Dolezal Title: Regulatory Specialist

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: 1/14/2025

CONDITIONS OF APPROVAL, IF ANY LIST

COA Type

Description

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ATTACHMENT LIST

Att Doc Num

Name

403725979	Form44 Submitted
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)