

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:

04/16/2024

Document Number:

403755324

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: Jerilyn Doshier
Company Name: OWN RESOURCES OPERATING LLC Phone: (970) 332-3585
Address: 305 S RIDGE STREET #6279 Email: jerilyn.doshier@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 [X] No []

DOMESTIC TAP

DOMESTIC TAP ASSOCIATED WELL LOCATION IDENTIFICATION

Location ID: 303007 Location Type: Well Site
Name: ENGLE-62S43W Number: 5NESE
County: YUMA
Qtr Qtr: NESE Section: 5 Township: 2S Range: 43W Meridian: 6
Latitude: 39.911750 Longitude: -102.207470

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 488998 Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 07/07/2023
Flowline Start Point Riser
Latitude: 39.911750 Longitude: -102.207470
GPS Quality Value: Type of GPS Quality Value: Measurement Date: 07/07/2023
Tap Source: Wellhead
Street Address of Point of Delivery
Address: 31288 County Road 24
City: Wray State: CO Zip: 80758
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: 04/16/2024 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

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| 403755324 | Form44 Submitted |
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General Comments

User Group

Comment

Comment Date

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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