

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:

10/15/2024

Document Number:

403956055

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: 96850 Contact Person: MELISSA LUKE
Company Name: TEP ROCKY MOUNTAIN LLC Phone: (970) 263-2721
Address: 1058 COUNTY ROAD 215 Email: MLUKE@TERRAEP.COM
City: PARACHUTE State: CO Zip: 81635
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: 324377 Location Type: Well Site
Name: MOSS-66S93W Number: 6NWSW
County: GARFIELD
Qtr Qtr: NWSW Section: 6 Township: 6S Range: 93W Meridian: 6
Latitude: 39.552894 Longitude: -107.823569

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: 489921 Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 07/19/2021

Flowline Start Point Riser

Latitude: 39.554078 Longitude: -107.825585
GPS Quality Value: Type of GPS Quality Value: Measurement Date: 10/09/2024
Tap Source: Flowline

Street Address of Point of Delivery

Address:
City: State: Zip:
Latitude: 39.555805 Longitude: -107.824434
GPS Quality Value: Type of GPS Quality Value: Measurement Date:

OPERATOR COMMENTS AND SUBMITTAL

Comments

TEP Regulatory was not aware of the installation of this line until Steve Wheeler contacted TEP on 9/16/2024.

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

Signed: _____ Date: 10/15/2024 Email: MLUKE@TERRAEP.COM

Print Name: MELISSA LUKE 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: 4/22/2025

CONDITIONS OF APPROVAL, IF ANY LIST

COA Type

Description

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ATTACHMENT LIST

Att Doc Num

Name

403956055	Form44 Submitted
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Engineer	Switched 'new' location ID to 324377, the well location ID.	04/22/2025
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Total: 1 comment(s)