

State of Colorado Oil and Gas Conservation Commission

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MONTHLY REPORT OF GASOLINE OR OTHER EXTRACTION PLANT

Rule 313: All operators of gasoline or other extraction plants shall make monthly reports to the Director on Form 11. Such forms shall contain all information required thereon and shall be filed with the Director on or before the 25th day of each month covering the preceding month.

Report gas volumes in MCF corrected to standard conditions of 14.73 psi and 60 degrees Fahrenheit.

CONTACT INFORMATION

OGCC Operator Number: 72400 Contact Name: Micah Zamora
Name of Operator: PUBLIC SERVICE COMPANY OF COLORADO Phone: (303) 571-7891
Address: 1123 W 3RD AVE Title: Gas Transport Specialist
City: DENVER State: CO Zip: 80223 Email: Micah.D.Zamora@xcelenergy.com

FACILITY INFORMATION

Plant Name: CARBONERA (BAXTER PASS) Gas Plant Facility ID: 255938
Plant Address: NE SW SECTION 3 - T7S - R104W City: _____ State: CO Zip: _____
County: GARFIELD

REPORT INFORMATION

Report For Month Of: 04 Year: 2020 Plant Shut-In For Entire Month (No Volumes): No

Report Whole Numbers ONLY. Do not enter decimals. Round ALL decimals to nearest whole number.

INTAKE VOLUME

Intake Volume From Oil Wells: _____ Mcf
Intake Volume From Gas Wells: 58202 Mcf
TOTAL Intake Volume: 58202 Mcf (See Note 1)

RESIDUE: DISPOSITION AND VOLUME

Plant Fuel: 5193 Mcf
Returned For Lease Fuel: _____ Mcf
Sold or Other Disposition (Detail Below): 51658 Mcf (See Note 2 & 3)
Returned To Earth: _____ Mcf
Vented: _____ Mcf
Shrinkage: 1351 Mcf
TOTAL Residue Volume: 58202 Mcf (See Note 1)

DETAILS of RESIDUE : SOLD or OTHER DISPOSITION (See Note 2)

Name of Purchaser or User	Address	Used For	MCF
Public Service Company of CO	Grand Junction	IND AND STORAGE	51658

DetailsTotal Volume (See Note 3) 51658

PLANT PRODUCTION ,RECEIPTS, DELIVERIES, FLARE, AND STOCK IN 42-GAL BARRELS

Product	Opening Stock	Receipts	Deliveries	Flare	Closing Stock
GASOLINE	64		521		167

Description of Other: _____

NOTES		
1. Total Intake Volume MUST equal Total Residue Volume.	2. Details are REQUIRED for “Sold or Other Disposition” Volumes.	3. Details Total Volume MUST equal “Sold or Other Disposition” Volume.

OPERATOR COMMENTS

Baxter for Apirl 2020

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

Signed: _____
Print Name: _____

Title: _____
Date: _____

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)