

State of Colorado
Oil and Gas Conservation Commission

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



OGCC RECEPTION

Receive Date:

04/25/2023

Document Number:

403383733

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

OGCC Operator Number: 73372 Contact Person: Jacob Harter
Company Name: RANCHO TRES Phone: (970) 946-3761
Address: BOX B Email: jharter@cottonwoodconsulting.com
City: RIFLE State: CO Zip: 81650
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: 322300 Location Type: Well Site
Name: BERT EATON-66S94W Number: 27SESE
County: GARFIELD
Qtr Qtr: SESE Section: 27 Township: 6S Range: 94W Meridian: 6
Latitude: 39.491770 Longitude: -107.867889

DOMESTIC TAP FACILITY INFORMATION

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

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 04/25/2023

Flowline Start Point Riser

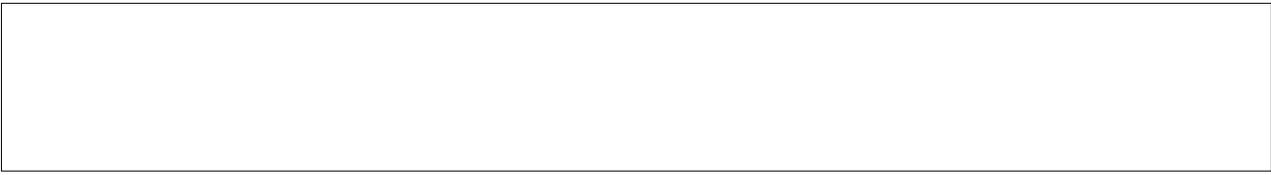
Latitude: 39.491737 Longitude: -107.867903
GPS Quality Value: Type of GPS Quality Value: Measurement Date: 04/25/2023
Tap Source: Wellhead

Street Address of Point of Delivery

Address: 5473 County Road 320
City: Rifle State: CO Zip: 81650
Latitude: 39.494549 Longitude: -107.864814
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: 04/25/2023 Email: jharter@cottonwoodconsulting.com

Print Name: Jacob Harter Title: Consultant

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

COGCC Approved: _____ **Director of COGCC** Date: _____

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

403383755	DOMESTIC GIS GDB
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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)