

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

05/16/2018

Document Number:

401636685

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, or report abandonment of Off-Location Flowlines, Produced Water Transfer Systems, Domestic Taps, or Crude Oil Transfer Lines as required by the 1100 Series Rules. The Form shall also be submitted to report Grade 1 Gas Leaks from Flowlines per Rule 1104.k.

Operator Information

OGCC Operator Number: 39560 Contact Person: Paul Herring
Company Name: TOP OPERATING COMPANY Phone: (303) 727-9915
Address: 3609 S WADSWORTH BLVD STE 340 Email: paul.herring@topoperating.com
City: LAKEWOOD State: CO Zip: 80235
Is the Operator a Tier One member of the Utility Notification Center of Colorado (UNCC) that participates in Colorado's One Call notification system? Yes ☒ No ☐

OFF LOCATION FLOWLINE**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 319168 Location Type: Production Facilities
Name: SERAFINI GAS UNIT-62N68W Number: 18NENE
County: WELD
Qtr Qtr: NENE Section: 18 Township: 2N Range: 68W Meridian: 6
Latitude: 40.142936 Longitude: -105.040198

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 455244 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.143491 Longitude: -105.041139 PDOP: 6.0 Measurement Date: 04/25/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319168 Location Type: Well Site ☐ No Location ID
Name: POWELL-62N68W Number: 7SESE
County: WELD
Qtr Qtr: SESE Section: 7 Township: 2N Range: 68W Meridian: 6
Latitude: 40.147156 Longitude: -105.040718

Flowline Start Point Riser

Latitude: 40.147290 Longitude: -105.040915 PDOP: 6.0 Measurement Date: 04/25/2018
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Condensate Pipe Material: Steel Pipe Max Outer Diameter:(Inches) 3.000
Bedding Material: Native Materials Date Construction Completed: 02/15/1983
Maximum Anticipated Operating Pressure (PSI): 1000 Testing PSI: 360
Test Date: 05/15/2018

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: 05/16/2018 Email: jeff.freitas@topoperating.com

Print Name: Jeff Freitas Title: Supervisor

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: 5/30/2018

Attachment Check List**Att Doc Num****Name**

401636685	Form 44 Approved-O
401642386	OFF-LOCATION FLOWLINE GEODATABASE
401642389	PRESSURE TEST

Total Attach: 3 Files