

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:

09/07/2018

Document Number:

401728415

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: 10261 Contact Person: Matthew Minne
Company Name: BAYSWATER EXPLORATION & PRODUCTION LLC Phone: (720) 665-7831
Address: 730 17TH ST STE 500 Email: mminne@bayswater.us
City: DENVER State: CO Zip: 80202
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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 445999 Location Type: Production Facilities
Name: Randall Facility Number:
County: ADAMS
Qtr Qtr: SWNW Section: 2 Township: 1S Range: 64W Meridian: 6
Latitude: 39.993007 Longitude: -104.527800

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.992832 Longitude: -104.527686 PDOP: 1.3 Measurement Date: 08/21/2018
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 320134 Location Type: Production Facilities [] No Location ID
Name: RANDALL-61S64W Number: 2SEnw
County: ADAMS
Qtr Qtr: SENW Section: 2 Township: 1S Range: 64W Meridian: 6
Latitude: 39.994610 Longitude: -104.520830

Flowline Start Point Riser

Latitude: 39.994428 Longitude: -104.520446 PDOP: 1.3 Measurement Date: 08/21/2018
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: UNK Max Outer Diameter:(Inches) 2.000
Bedding Material: unk Date Construction Completed: 09/01/1989
Maximum Anticipated Operating Pressure (PSI): 140 Testing PSI: 161
Test Date: 07/25/2018

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: 09/07/2018 Email: mminne@bayswater.us

Print Name: Matthew Minne Title: Facility Operations Lead

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: _____

Attachment Check List

Att Doc Num	Name
401756676	PRESSURE TEST
401756678	OFF-LOCATION FLOWLINE GEODATABASE

Total Attach: 2 Files