

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

10/27/2018

Document Number:

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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: 10447 Contact Person: jason raley
Company Name: URSA OPERATING COMPANY LLC Phone: (702) 310554
Address: 1600 BROADWAY ST STE 2600 Email: jraley@ursaresources.com
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: Location Type: Manifold
Name: CSF-W-9-7-91-1E Number:
County: GARFIELD
Qtr Qtr: ssw Section: 9 Township: 7S Range: 91W Meridian: 6
Latitude: 39.455164 Longitude: -107.566711

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: Flowline Type: Peripheral Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.455164 Longitude: -107.566711 PDOP: 1.7 Measurement Date: 06/08/2011
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 418828 Location Type: Well Site [] No Location ID
Name: Castle Springs Federal Number: E Pad
County: GARFIELD
Qtr Qtr: NESW Section: 9 Township: 7S Range: 91W Meridian: 6
Latitude: 39.458558 Longitude: -107.558830

Flowline Start Point Riser

Latitude: 39.458299 Longitude: -107.559263 PDOP: 1.8 Measurement Date: 06/08/2011
Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: HDPE Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 08/31/2014
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test 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: 10/27/2018 Email: jraley@ursaresources.com

Print Name: jason raley 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: _____

Attachment Check List

Att Doc Num	Name
401810732	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 1 Files