

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: 10/11/2018

Document Number: 401721854

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: 320234 Location Type: Production Facilities
Name: BULLARD-61S64W Number: 5SENE
County: ADAMS
Qtr Qtr: SENE Section: 5 Township: 1S Range: 64W Meridian: 6
Latitude: 39.994050 Longitude: -104.568712

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460215 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.994167 Longitude: -104.568700 PDOP: 1.3 Measurement Date: 08/14/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320234 Location Type: Well Site [] No Location ID
Name: BULLARD-61S64W Number: 5SENE
County: ADAMS
Qtr Qtr: SENE Section: 5 Township: 1S Range: 64W Meridian: 6
Latitude: 39.994050 Longitude: -104.568712

Flowline Start Point Riser

Latitude: 39.993475 Longitude: -104.566408 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: 04/10/1985
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: 139
Test Date: 07/09/2018

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: 10/11/2018 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: 12/21/2018

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401721854	Form44 Submitted
401756095	PRESSURE TEST
401756098	FLOWLINE LAYOUT DRAWING

Total Attach: 3 Files