

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

11/09/2018

Document Number:

401737013

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) 6657831
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: 319449 Location Type: Production Facilities
Name: KAMMERZELL-64N66W Number: 6SWSE
County: WELD
Qtr Qtr: SWSE Section: 6 Township: 4N Range: 66W Meridian: 6
Latitude: 40.335685 Longitude: -104.818743

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460710 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.336248 Longitude: -104.817942 PDOP: 1.6 Measurement Date: 08/27/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319449 Location Type: Production Facilities [] No Location ID
Name: KAMMERZELL-64N66W Number: 6SWSE
County: WELD
Qtr Qtr: SWSE Section: 6 Township: 4N Range: 66W Meridian: 6
Latitude: 40.335685 Longitude: -104.818743

Flowline Start Point Riser

Latitude: 40.335906 Longitude: -104.818418 PDOP: 1.6 Measurement Date: 08/30/2018
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: 11/12/1983
Maximum Anticipated Operating Pressure (PSI): 511 Testing PSI: 511
Test Date: 06/22/2018

OPERATOR COMMENTS AND SUBMITTAL

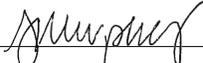
Comments

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 11/09/2018 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: 1/15/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401737013	Form44 Submitted
401833753	PRESSURE TEST
401833754	FLOWLINE LAYOUT DRAWING

Total Attach: 3 Files