

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:

10/27/2018

Document Number:

401784578

## 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: (970) 2310554  
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 ☒ No ☐

**OFF LOCATION FLOWLINE****FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 324241 Location Type: Well Site  
Name: CSF-67S91W Number: 9SWSW  
County: GARFIELD  
Qtr Qtr: SWSW Section: 9 Township: 7S Range: 91W Meridian: 6  
Latitude: 39.454572 Longitude: -107.566220

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 460881 Flowline Type: Peripheral Piping Action Type: Registration

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

Latitude: 39.455010 Longitude: -107.565491 PDOP: 1.7 Measurement Date: 08/31/2018  
Equipment at End Point Riser: Pigging Station

**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: 06/18/2018  
Equipment at Start Point Riser: Manifold

**Flowline Description and Testing**

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel 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: 1/22/2019

**Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
401784578	Form44 Submitted
401784615	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 2 Files