

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: 10/27/2018 Document Number: 401784744

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 [X] 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: 460779 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: Manifold

Flowline Start Point Location Identification

Location ID: 459381 Location Type: Manifold [ ] No Location ID Name: CSF-10-7-91-W2 Number: County: GARFIELD Qtr Qtr: SWSE Section: 9 Township: 7S Range: 91W Meridian: 6 Latitude: 39.455082 Longitude: -107.556107

Flowline Start Point Riser

Latitude: 39.455082 Longitude: -107.556107 PDOP: 2.0 Measurement Date: 08/31/2018 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: 11/22/2010  
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>                    |
|---------------------------|---------------------------------------|
| 401784744                 | Form44 Submitted                      |
| 401784773                 | OFF-LOCATION FLOWLINE GEODATABASE SHP |

Total Attach: 2 Files