

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:

401809270

## 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) 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 ☒ No ☐

## OFF LOCATION FLOWLINE

## FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 335054 Location Type: Manifold  
Name: CSF-67S91W Number: 8SESW  
County: GARFIELD  
Qtr Qtr: SESW Section: 8 Township: 7S Range: 91W Meridian: 6  
Latitude: 39.454919 Longitude: -107.578976

## FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460987 Flowline Type: Peripheral Piping Action Type: Registration

## OFF LOCATION FLOWLINE REGISTRATION

## Flowline End Point Riser

Latitude: 39.454789 Longitude: -107.578194 PDOP: 1.7 Measurement Date: 01/02/2012  
Equipment at End Point Riser: Manifold

## Flowline Start Point Location Identification

Location ID: 335054 Location Type: Well Site ☐ No Location ID  
Name: CSF-67S91W Number: 8SESW  
County: GARFIELD  
Qtr Qtr: SESW Section: 8 Township: 7S Range: 91W Meridian: 6  
Latitude: 39.454919 Longitude: -107.578976

## Flowline Start Point Riser

Latitude: 39.454541 Longitude: -107.579207 PDOP: 1.7 Measurement Date: 01/02/2012  
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: 09/24/2008  
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: 1/23/2019

**Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
401809270	Form44 Submitted
401810733	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 2 Files