

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

01/17/2019

Document Number:

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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: 96850 Contact Person: Vicki Schoeber
Company Name: TEP ROCKY MOUNTAIN LLC Phone: (970) 263-2721
Address: PO BOX 370 Email: vschoeber@terraep.com
City: PARACHUTE State: CO Zip: 81635
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: 324116 Location Type: Production Facilities
Name: BARRETT-67S96W Number: 1NENW
County: GARFIELD
Qtr Qtr: NENW Section: 1 Township: 7S Range: 96W Meridian: 6
Latitude: 39.472479 Longitude: -108.060995

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.472495 Longitude: -108.061118 PDOP: Measurement Date: 12/20/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 324150 Location Type: Well Site [] No Location ID
Name: BARRETT-66S96W Number: 36SESW
County: GARFIELD
Qtr Qtr: SESW Section: 36 Township: 6S Range: 96W Meridian: 6
Latitude: 39.474289 Longitude: -108.061485

Flowline Start Point Riser

Latitude: 39.474133 Longitude: -108.061508 PDOP: Measurement Date: 12/05/2018
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
 Bedding Material: Native Materials Date Construction Completed: 08/01/2001
 Maximum Anticipated Operating Pressure (PSI): 155 Testing PSI: 152
 Test Date: 04/02/2018

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: 01/17/2019 Email: vschoeber@terraep.com

Print Name: Vicki Schoeber Title: Regulatory Specialist

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: _____

Attachment Check List

Att Doc Num	Name
401902552	LAYOUT DRAWING-ACTUAL
401902553	OFF-LOCATION FLOWLINE GEODATABASE GDB
401908449	PRESSURE TEST

Total Attach: 3 Files