

State of Colorado  
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

10/27/2018

Document Number:

401770384

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: Location Type: Compressor Station  
Name: CSF 8-7-91-T12 Number:  
County: GARFIELD  
Qtr Qtr: NW/NW Section: 17 Township: 7S Range: 91W Meridian: 6  
Latitude: 39.453055 Longitude: -107.581929

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.453055 Longitude: -107.581929 PDOP: 2.2 Measurement Date: 06/18/2018  
Equipment at End Point Riser: Compressor

Flowline Start Point Location Identification

Location ID: 335052 Location Type: Well Site  No Location ID  
Name: CSF Number: T Pad  
County: GARFIELD  
Qtr Qtr: SWNW Section: 8 Township: 7S Range: 91W Meridian: 6  
Latitude: 39.464020 Longitude: -107.583160

Flowline Start Point Riser

Latitude: 39.464257 Longitude: -107.582424 PDOP: 1.7 Measurement Date: 07/09/2015  
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: 11/02/2005  
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: \_\_\_\_\_

**Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>
401770414	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 1 Files