

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

10/31/2018

Document Number:

401729076

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: 10261 Contact Person: Matthew Minne
Company Name: BAYSWATER EXPLORATION & PRODUCTION LLC Phone: (720) 665-7831
Address: 730 17TH ST STE 500 Email: mminne@bayswater.us
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: 424899 Location Type: Production Facilities
Name: Bears Facility Number: 5-30
County: WELD
Qtr Qtr: NWNW Section: 30 Township: 7N Range: 66W Meridian: 6
Latitude: 40.552219 Longitude: -104.831412

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461563 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.552330 Longitude: -104.831256 PDOP: 1.7 Measurement Date: 09/20/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 424916 Location Type: Well Site [ ] No Location ID
Name: Bears Number: 5-30
County: WELD
Qtr Qtr: SWNW Section: 30 Township: 7N Range: 66W Meridian: 6
Latitude: 40.547044 Longitude: -104.829409

Flowline Start Point Riser

Latitude: 40.547049 Longitude: -104.829400 PDOP: 1.7 Measurement Date: 09/06/2018
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: 11/30/2011  
Maximum Anticipated Operating Pressure (PSI): 899 Testing PSI: 899  
Test Date: 04/19/2018

**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: 10/31/2018 Email: mminne@bayswater.us

Print Name: Matthew Minne Title: Facility Operations Lead

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: 1/31/2019

**Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
401729076	Form44 Submitted
401819887	PRESSURE TEST
401819889	OFF-LOCATION FLOWLINE GEODATABASE

Total Attach: 3 Files