

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:

12/06/2018

Document Number:

401864221

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: 61650 Contact Person: Maureen Haberer
Company Name: MURFIN DRILLING COMPANY INC Phone: (785) 4835371
Address: 250 N WATER ST STE 300 Email: mhaberer@murfininc.com
City: WICHITA State: KS Zip: 67202
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: 461219 Location Type: Production Facilities
Name: LOWE-616S45W Number: 12NENW
County: CHEYENNE
Qtr Qtr: NENW Section: 12 Township: 16S Range: 45W Meridian: 6
Latitude: 38.682160 Longitude: -102.411260

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461949 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 38.682270 Longitude: -102.411280 PDOP: Measurement Date: 12/04/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321547 Location Type: Well Site No Location ID
Name: LOWE-616S45W Number: 12NENW
County: CHEYENNE
Qtr Qtr: NENW Section: 12 Township: 16S Range: 45W Meridian: 6
Latitude: 38.685453 Longitude: -102.413475

Flowline Start Point Riser

Latitude: 38.685420 Longitude: -102.413440 PDOP: Measurement Date: 12/04/2018
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: \_\_\_\_\_ Pipe Material: \_\_\_\_\_ Max Outer Diameter:(Inches) \_\_\_\_\_  
Bedding Material: \_\_\_\_\_ Date Construction Completed: 06/27/1969  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 461950 Flowline Type: Production Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 38.682270 Longitude: -102.411280 PDOP: \_\_\_\_\_ Measurement Date: 12/04/2018  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 321617 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: LOWE-616S45W Number: 12NWNW  
County: CHEYENNE  
Qtr Qtr: NWNW Section: 12 Township: 16S Range: 45W Meridian: 6  
Latitude: 38.685436 Longitude: -102.418185

**Flowline Start Point Riser**

Latitude: 38.685420 Longitude: -102.418180 PDOP: \_\_\_\_\_ Measurement Date: 12/04/2018  
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: \_\_\_\_\_ Pipe Material: \_\_\_\_\_ Max Outer Diameter:(Inches) \_\_\_\_\_  
Bedding Material: \_\_\_\_\_ Date Construction Completed: 10/15/1984  
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: 12/06/2018 Email: mhaberer@murfininc.com

Print Name: Maureen Haberer Title: Production Assistant

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: 2/12/2019

**Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>
401864221	Form44 Submitted
401864259	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files