

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:

12/06/2018

Document Number:

401864261

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: 321566 Location Type: Well Site
Name: LOWE-616S45W Number: 12SEW
County: CHEYENNE
Qtr Qtr: SENW Section: 12 Township: 16S Range: 45W Meridian: 6
Latitude: 38.681802 Longitude: -102.413502

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461951 Flowline Type: Dump Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 38.681980 Longitude: -102.413430 PDOP: Measurement Date: 12/04/2018
Equipment at End Point Riser: Tank

Flowline Start Point Location Identification

Location ID: 461219 Location Type: Produced Water Transfer System ☐ No Location ID
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 Start Point Riser

Latitude: 38.682260 Longitude: -102.411330 PDOP: Measurement Date: 12/04/2018
Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 10/13/1987
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

<u>Att Doc Num</u>	<u>Name</u>
401864261	Form44 Submitted
401864270	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files