

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:

01/31/2019

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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: 10433 Contact Person: Joan Proulx  
Company Name: LARAMIE ENERGY LLC Phone: (970) 263-3641  
Address: 1401 SEVENTEENTH STREET #1401 Email: jproulx@laramie-energy.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: 334451 Location Type: Gathering Line  
Name: NVega Number: 1D Pad  
County: MESA  
Qtr Qtr: NESE Section: 27 Township: 9S Range: 93W Meridian: 6  
Latitude: 39.247083 Longitude: -107.749825

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 459184 Flowline Type: Production Line Action Type:

**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**

Latitude: 39.247446 Longitude: -107.748728 PDOP: Measurement Date: 10/18/2018  
Equipment at End Point Riser: Manifold

**Flowline Start Point Location Identification**

Location ID: 334451 Location Type: Well Site ☐ No Location ID  
Name: NVega Number: 1D Pad  
County: MESA  
Qtr Qtr: NESE Section: 27 Township: 9S Range: 93W Meridian: 6  
Latitude: 39.247083 Longitude: -107.749825

**Flowline Start Point Riser**

Latitude: 39.247637 Longitude: -107.750011 PDOP: Measurement Date: 10/10/2018  
Equipment at Start Point Riser: Manifold

**Flowline Description and Testing**

Type of Fluid Transferred: Produced Water Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 6.000  
Bedding Material: Native Materials Date Construction Completed: 08/20/2006  
Maximum Anticipated Operating Pressure (PSI): 300 Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE REMOVAL FROM SERVICE**

Date: \_\_\_\_\_

**Description of Removal from Service**

\_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 461137 Flowline Type: Production Line Action Type: Abandonment

**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**

Latitude: 39.247711 Longitude: -107.748429 PDOP: \_\_\_\_\_ Measurement Date: 10/10/2018

Equipment at End Point Riser: Manifold

**Flowline Start Point Location Identification**

Location ID: 334450 Location Type: \_\_\_\_\_ Well Site ☐ No Location ID

Name: NVega Number: 1B Pad

County: MESA

Qtr Qtr: SWSE Section: 27 Township: 9S Range: 93W Meridian: 6

Latitude: 39.243522 Longitude: -107.754697

**Flowline Start Point Riser**

Latitude: 39.243948 Longitude: -107.755187 PDOP: \_\_\_\_\_ Measurement Date: 10/10/2018

Equipment at Start Point Riser: Manifold

**Flowline Description and Testing**

Type of Fluid Transferred: Produced Water Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 6.000  
Bedding Material: Native Materials Date Construction Completed: 08/05/2006  
Maximum Anticipated Operating Pressure (PSI): 300 Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 11/12/2018

**Description of Abandonment**

The line was cut, drained of liquids, and purged of pressure. The line was then capped and buried below ground surface.

**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: 01/31/2019 Email: jproulx@laramie-energy.com

Print Name: Joan Proulx

Title: Regulatory Analyst

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: 2/25/2019

### **Attachment Check List**

**Att Doc Num**

**Name**

401924336

Form44 Submitted

Total Attach: 1 Files