

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:

01/31/2019

Document Number:

401924394

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 [X] No [ ]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 312736 Location Type: Gathering Line  
Name: VEGA-69S93W Number: 27NESE  
County: MESA  
Qtr Qtr: NESE Section: 27 Township: 9S Range: 93W Meridian: 6  
Latitude: 39.247230 Longitude: -107.747680

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461129 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.247823 Longitude: -107.747871 PDOP: Measurement Date: 10/10/2018  
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 334425 Location Type: Well Site [ ] No Location ID  
Name: Vega Number: 5 Pad  
County: MESA  
Qtr Qtr: NENW Section: 35 Township: 9S Range: 93W Meridian: 6  
Latitude: 39.239041 Longitude: -107.741219

Flowline Start Point Riser

Latitude: 39.238659 Longitude: -107.741177 PDOP: Measurement Date: 10/10/2018  
Equipment at Start Point Riser: Tank

**Flowline Description and Testing**

Type of Fluid Transferred: Produced Water Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 4.000  
Bedding Material: Native Materials Date Construction Completed: 08/30/2006  
Maximum Anticipated Operating Pressure (PSI): 300 Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 11/15/2018

**Description of Abandonment**

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

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 461128 Flowline Type: Production Line Action Type: \_\_\_\_\_

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 39.247791 Longitude: -107.747869 PDOP: \_\_\_\_\_ Measurement Date: 10/10/2018  
Equipment at End Point Riser: Manifold

**Flowline Start Point Location Identification**

Location ID: 334443 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: Vega Number: 14 Pad  
County: MESA  
Qtr Qtr: SENE Section: 34 Township: 9S Range: 93W Meridian: 6  
Latitude: 39.236110 Longitude: -107.748630

**Flowline Start Point Riser**

Latitude: 39.236628 Longitude -107.748651 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: 08/01/2006  
Maximum Anticipated Operating Pressure (PSI): 300 Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE REMOVAL FROM SERVICE**

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

**Description of Removal from Service**

\_\_\_\_\_

**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

<u>Att Doc Num</u>	<u>Name</u>
401924394	Form44 Submitted

Total Attach: 1 Files