

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

08/23/2018

Document Number:

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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: 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: 319702 Location Type: Well Site
Name: DUMLER-62S62W Number: 24SESE
County: ADAMS
Qtr Qtr: SESE Section: 24 Township: 2S Range: 62W Meridian: 6
Latitude: 39.856503 Longitude: -104.265721

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.856714 Longitude: -104.265779 PDOP: 1.9 Measurement Date: 08/09/2018
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 201017 Location Type: Production Facilities No Location ID
Name: DUMLER Number: 1A
County: ADAMS
Qtr Qtr: SESE Section: 24 Township: 2S Range: 62W Meridian: 6
Latitude: 39.856711 Longitude: -104.265762

Flowline Start Point Riser

Latitude: 39.856701 Longitude: -104.266280 PDOP: 1.9 Measurement Date: 08/09/2018
Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: unk Max Outer Diameter:(Inches) 2.000
Bedding Material: unk Date Construction Completed: 03/02/1972
Maximum Anticipated Operating Pressure (PSI): 100 Testing PSI: 100
Test Date: 07/31/2018

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: 08/23/2018 Email: mminne@bayswater.us

Print Name: Matthew Minne Title: Facility Operation Leed

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: _____

Attachment Check List

Att Doc Num	Name
401741892	OFF-LOCATION FLOWLINE GEODATABASE
401741896	PRESSURE TEST

Total Attach: 2 Files