

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

10/11/2018

Document Number:

401737133

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) 6657831
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: 302312 Location Type: Production Facilities
Name: DRAKE-67N66W Number: 18SWNE
County: WELD
Qtr Qtr: SWNE Section: 18 Township: 7N Range: 66W Meridian: 6
Latitude: 40.575920 Longitude: -104.819550

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462788 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.576468 Longitude: -104.820136 PDOP: 2.1 Measurement Date: 09/09/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302311 Location Type: Production Facilities [] No Location ID
Name: DRAKE-67N66W Number: 18NWNE
County: WELD
Qtr Qtr: NWNE Section: 18 Township: 7N Range: 66W Meridian: 6
Latitude: 40.580660 Longitude: -104.819540

Flowline Start Point Riser

Latitude: 40.580654 Longitude: -104.819533 PDOP: 2.1 Measurement Date: 08/28/2018
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Other Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
 Bedding Material: Native Materials Date Construction Completed: 10/08/2008
 Maximum Anticipated Operating Pressure (PSI): 441 Testing PSI: 441
 Test Date: 04/16/2018

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: 10/11/2018 Email: mminne@bayswater.us

Print Name: Matthew Minne Title: Facility Operation Lead

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: 2/28/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401737133	Form44 Submitted
401793321	OFF-LOCATION FLOWLINE GEODATABASE
401793323	PRESSURE TEST

Total Attach: 3 Files