

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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OGCC RECEPTION

Receive Date:

12/20/2018

Document Number:

401874930

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: 10447 Contact Person: jason raley
Company Name: URSA OPERATING COMPANY LLC Phone: (970) 2310554
Address: 1600 BROADWAY ST STE 2600 Email: jraley@ursaresources.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: 462813 Location Type: Manifold
Name: BV10 Number:
County: GARFIELD
Qtr Qtr: SENW Section: 8 Township: 7S Range: 95W Meridian: 6
Latitude: 39.455761 Longitude: -108.024088

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462974 Flowline Type: Peripheral Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.455761 Longitude: -108.024088 PDOP: 1.5 Measurement Date: 05/02/2017
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 462816 Location Type: Manifold No Location ID
Name: BV8 Number:
County: GARFIELD
Qtr Qtr: SENE Section: 7 Township: 7S Range: 95W Meridian: 6
Latitude: 39.455102 Longitude: -108.034800

Flowline Start Point Riser

Latitude: 39.455102 Longitude: -108.034800 PDOP: 1.7 Measurement Date: 05/12/2017
Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: Produced Water Pipe Material: HDPE Max Outer Diameter:(Inches) 8.000
Bedding Material: _____ Date Construction Completed: 05/12/2017
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: 12/20/2018 Email: jraley@ursaresources.com

Print Name: jason raley Title: consultant

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: 3/4/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401874930	Form44 Submitted
401874947	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 2 Files