

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:

03/08/2019

Document Number:

401954954

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: 10373 Contact Person: Joseph Vargo
Company Name: NGL WATER SOLUTIONS DJ LLC Phone: (303) 815-1010
Address: 3773 CHERRY CRK NORTH DR #1000 Email: joseph.vargo@nglep.com
City: DENVER State: CO Zip: 80209
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: 159607 Location Type: Well Site
Name: NGL Number: C5A & C5B
County: WELD
Qtr Qtr: NESW Section: 29 Township: 2N Range: 64W Meridian: 6
Latitude: 40.107446 Longitude: -104.575499

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.107446 Longitude: -104.575499 PDOP: Measurement Date: 10/22/2018
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 440092 Location Type: Produced Water Transfer System ☐ No Location ID
Name: NGL MAJOR FACILITY Number: C5
County: WELD
Qtr Qtr: SWSW Section: 29 Township: 2N Range: 64W Meridian: 6
Latitude: 40.105521 Longitude: -104.581750

Flowline Start Point Riser

Latitude: 40.105397 Longitude: -104.580916 PDOP: Measurement Date: 10/18/2018
Equipment at Start Point Riser: Tank

Flowline Description and Testing

Type of Fluid Transferred: Produced Water Pipe Material: Fiberglass Max Outer Diameter:(Inches) 6.000
Bedding Material: Sand Date Construction Completed: 11/26/2015
Maximum Anticipated Operating Pressure (PSI): 1800 Testing PSI: 1800
Test Date: 10/17/2018

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: _____ Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.107455 Longitude: -104.575515 PDOP: _____ Measurement Date: 07/24/2018
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 440092 Location Type: Produced Water Transfer System ☐ No Location ID
Name: NGL MAJOR FACILITY Number: C5
County: WELD
Qtr Qtr: SWSW Section: 29 Township: 2N Range: 64W Meridian: 6
Latitude: 40.105521 Longitude: -104.581750

Flowline Start Point Riser

Latitude: 40.105170 Longitude: -104.580493 PDOP: _____ Measurement Date: 07/24/2018
Equipment at Start Point Riser: Tank

Flowline Description and Testing

Type of Fluid Transferred: Produced Water Pipe Material: Fiberglass Max Outer Diameter:(Inches) 6.000
Bedding Material: Sand Date Construction Completed: 04/24/2015
Maximum Anticipated Operating Pressure (PSI): 1800 Testing PSI: 2000
Test Date: 07/24/2018

OPERATOR COMMENTS AND SUBMITTAL

Comments Hopefully i corrected the coordinates. Apologies.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 03/08/2019 Email: joseph.vargo@nglep.com

Print Name: Joseph Vargo Title: Regulatory Manager

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

<u>Att Doc Num</u>	<u>Name</u>
401954954	Form44 Submitted
401954956	PRESSURE TEST
401954957	PRESSURE TEST
401954958	PRESSURE TEST
Total Attach: 4 Files	