

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:

401965876

## 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: 440017 Location Type: Well Site  
Name: NGL Number: C5  
County: WELD  
Qtr Qtr: SWSW Section: 29 Township: 2N Range: 64W Meridian: 6  
Latitude: 40.102970 Longitude: -104.582800

**FLOWLINE FACILITY INFORMATION**

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

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

Latitude: 40.102970 Longitude: -104.582800 PDOP: Measurement Date: 04/20/2015  
Equipment at End Point Riser: Well

**Flowline Start Point Location Identification**

Location ID: 440092 Location Type: Well Site ☐ 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: 40.105316 Longitude: -104.580899 PDOP: Measurement Date: 04/20/2015  
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: 04/20/2015  
Maximum Anticipated Operating Pressure (PSI): 1800 Testing PSI: 2000  
Test Date: 07/24/2018

**OPERATOR COMMENTS AND SUBMITTAL**

Comments Separated this Report (C5) and the other 2 flowline reports (C5A and C5B). Hopefully this will straighten any issues out. If there still are, please let me know.Thanks.

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**

**Att Doc Num** **Name**

401965895	PRESSURE TEST
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Total Attach: 1 Files