

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

03/08/2019

Document Number:

401966059

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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 159601 Location Type: Well Site
Name: NGL Number: C6A
County: WELD
Qtr Qtr: SWSE Section: 30 Township: 3N Range: 65W Meridian: 6
Latitude: 40.191650 Longitude: -104.705460

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.191650 Longitude: -104.705460 PDOP: Measurement Date: 03/19/2015
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 310159 Location Type: Well Site [] No Location ID
Name: NGL MAJOR FACILITY Number: C6
County: WELD
Qtr Qtr: SESE Section: 30 Township: 3N Range: 65W Meridian: 6
Latitude: 40.192040 Longitude: -104.698970

Flowline Start Point Riser

Latitude: 40.192254 Longitude: -104.697917 PDOP: Measurement Date: 03/19/2015
Equipment at Start Point Riser: Tank

Flowline Description and Testing

Type of Fluid Transferred: Produced Water Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 6.000
Bedding Material: Sand Date Construction Completed: 03/19/2015
Maximum Anticipated Operating Pressure (PSI): 2250 Testing PSI: 2500
Test Date: 07/18/2018

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: 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
401966062	PRESSURE TEST

Total Attach: 1 Files