

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION Receive Date: 01/11/2019 Document Number: 401894438

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: 10634 Contact Person: Kelly Vasquez Company Name: P O & G OPERATING LLC Phone: (713) 589-8192 Address: 5847 SAN FELIPE SUITE 3200 Email: kelly_vasquez@pogresources.com City: HOUSTON State: TX Zip: 77057 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: 463256 Location Type: Well Site Name: Lowe Number: 2-B County: KIT CARSON Qtr Qtr: NWNE Section: 14 Township: 11S Range: 46W Meridian: 6 Latitude: 39.092122 Longitude: -102.521542

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463398 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.092122 Longitude: -102.521542 PDOP: Measurement Date: 01/10/2019 Equipment at End Point Riser: Tank

Flowline Start Point Location Identification

Location ID: 324938 Location Type: Well Site [] No Location ID Name: LOWE-611S46W Number: 14NWNE County: KIT CARSON Qtr Qtr: NWNE Section: 14 Township: 11S Range: 46W Meridian: 6 Latitude: 39.097350 Longitude: -102.528140

Flowline Start Point Riser

Latitude: 39.097350 Longitude: -102.528140 PDOP: Measurement Date: 01/10/2019 Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Pipe Material: Carbon Steel Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 11/30/1987
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: 01/11/2019 Email: kelly_vasquez@pogresources.com

Print Name: Kelly Vasquez Title: Regulatory Associate

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: 3/21/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401894438	Form44 Submitted

Total Attach: 1 Files