

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

03/26/2019

Document Number:

401983478

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: 100264 Contact Person: Sephra Baca
Company Name: XTO ENERGY INC Phone: (817) 3785584
Address: 110 W 7TH STREET Email: sephra_baca@xtoenergy.com
City: FORTH WORTH State: TX Zip: 76102
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: Location Type: Produced Water Transfer System
Name: PWDD Line to 197-33A Number:
County: RIO BLANCO
Qtr Qtr: Section: 33 Township: 1S Range: 97W Meridian: 6
Latitude: 39.914715 Longitude: -108.285173

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: Flowline Type: Process Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.914715 Longitude: -108.285173 PDOP: Measurement Date: 03/21/2019
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: Location Type: Manifold [X] No Location ID
Name: 6" PWDD Hatch Gulch Gathering Line Number:
County: RIO BLANCO
Qtr Qtr: LOT 16 Section: 33 Township: 1S Range: 97W Meridian: 6
Latitude: 39.917197 Longitude: -108.277718

Flowline Start Point Riser

Latitude: 39.917197 Longitude: -108.277718 PDOP: Measurement Date: 03/21/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Produced Water Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 4.000
Bedding Material: Native Materials Date Construction Completed: 07/01/2008
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: 03/26/2019 Email: sephra_baca@xtoenergy.com

Print Name: Sephra Baca Title: Regulatory Analyst

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
401983865	OFF-LOCATION FLOWLINE GEODATABASE KML

Total Attach: 1 Files