

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

01/18/2019

Document Number:

401901308

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: 10531 Contact Person: Chase Pearl
Company Name: VANGUARD OPERATING LLC Phone: (720) 4027542
Address: 5847 SAN FELIPE #3000 Email: cpearl@vnrenergy.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: 335280 Location Type: Production Facilities
Name: GIBSON GULCH UNIT-66S91W Number: 30SENE
County: GARFIELD
Qtr Qtr: SENE Section: 30 Township: 6S Range: 91W Meridian: 6
Latitude: 39.500501 Longitude: -107.588911

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.500662 Longitude: -107.588357 PDOP: Measurement Date: 10/01/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 323969 Location Type: Well Site [] No Location ID
Name: GIBSON GULCH UNIT-66S91W Number: 29SWNW
County: GARFIELD
Qtr Qtr: SWNW Section: 29 Township: 6S Range: 91W Meridian: 6
Latitude: 39.499801 Longitude: -107.585441

Flowline Start Point Riser

Latitude: 39.499927 Longitude: -107.585315 PDOP: Measurement Date: 10/01/2018
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
 Bedding Material: Native Materials Date Construction Completed: 02/06/1997
 Maximum Anticipated Operating Pressure (PSI): 110 Testing PSI: 110
 Test Date: 12/28/2018

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: 01/18/2019 Email: cpearl@vnrenergy.com

Print Name: Chase Pearl Title: Construction Foreman

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
401901308	Form44 Submitted
401901321	FLOWLINE LAYOUT DRAWING
401901327	OFF-LOCATION FLOWLINE GEODATABASE GDB
401909961	PRESSURE TEST

Total Attach: 4 Files