

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

04/25/2019

Document Number:

402021048

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: 10112 Contact Person: James Smith
Company Name: FOUNDATION ENERGY MANAGEMENT LLC Phone: (918) 526-5592
Address: 5057 KELLER SPRINGS RD STE 650 Email: form44@foundationenergy.com
City: ADDISON State: TX Zip: 75001
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: 304359 Location Type: Produced Water Transfer System
Name: KAUBLE-62S43W Number: 5SWNW
County: YUMA
Qtr Qtr: SWNW Section: 5 Township: 2S Range: 43W Meridian: 6
Latitude: 39.914140 Longitude: -102.220600

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464192 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.914290 Longitude: -102.220590 PDOP: 1.3 Measurement Date: 04/22/2019
Equipment at End Point Riser: Tank

Flowline Start Point Location Identification

Location ID: 304357 Location Type: Well Site No Location ID
Name: ENGEL-62S43W Number: 5NENW
County: YUMA
Qtr Qtr: NENW Section: 5 Township: 2S Range: 43W Meridian: 6
Latitude: 39.917210 Longitude: -102.217100

Flowline Start Point Riser

Latitude: 39.917220 Longitude: -102.217090 PDOP: 1.3 Measurement Date: 04/22/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Produced Water Pipe Material: HDPE Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 08/01/2001
Maximum Anticipated Operating Pressure (PSI): 20 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: 04/25/2019 Email: form44@foundationenergy.com

Print Name: James Smith Title: HSE-Regulatory Supervisor

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: 4/26/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402021048	Form44 Submitted

Total Attach: 1 Files