

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

04/29/2019

Document Number:

402024750

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: 303032 Location Type: Gathering Line  
Name: SMITH-WHOMBLE-62S43W Number: 3NESW  
County: YUMA  
Qtr Qtr: NESW Section: 3 Township: 2S Range: 43W Meridian: 6  
Latitude: 39.909022 Longitude: -102.180446

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464232 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.908890 Longitude: -102.180780 PDOP: 1.5 Measurement Date: 04/22/2019  
Equipment at End Point Riser: Custody Transfer Point

Flowline Start Point Location Identification

Location ID: 338210 Location Type: Well Site  No Location ID  
Name: PETERS-62S43W Number: 3SESW  
County: YUMA  
Qtr Qtr: SESW Section: 3 Township: 2S Range: 43W Meridian: 6  
Latitude: 39.907280 Longitude: -102.177730

Flowline Start Point Riser

Latitude: 39.907270 Longitude: -102.177730 PDOP: 1.5 Measurement Date: 04/22/2019  
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 3.000  
Bedding Material: Native Materials Date Construction Completed: 03/01/2008  
Maximum Anticipated Operating Pressure (PSI): 150 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: 04/29/2019 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: 4/29/2019

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
402024750	Form44 Submitted

Total Attach: 1 Files