

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

05/02/2019

Document Number:

402029512

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: 10071 Contact Person: Michael Clancy
Company Name: HIGHPOINT OPERATING CORPORATION Phone: (208) 596-8194
Address: 555 17TH ST STE 3700 Email: michael@ecopoint-inc.com
City: DENVER State: CO Zip: 80202
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: 330074 Location Type: Production Facilities
Name: HSR-HOBE STATE-63N62W Number: 32NWNE
County: WELD
Qtr Qtr: NWNE Section: 32 Township: 3N Range: 62W Meridian: 6
Latitude: 40.187289 Longitude: -104.345446

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464255 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.187888 Longitude: -104.346345 PDOP: 1.6 Measurement Date: 04/16/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330765 Location Type: Well Site [] No Location ID
Name: HSR-LOST CREEK STATE-63N62W Number: 32NENE
County: WELD
Qtr Qtr: NENE Section: 32 Township: 3N Range: 62W Meridian: 6
Latitude: 40.186969 Longitude: -104.340146

Flowline Start Point Riser

Latitude: 40.187237 Longitude: -104.340559 PDOP: 1.2 Measurement Date: 04/16/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 4.000
 Bedding Material: Native Materials Date Construction Completed: 03/02/1998
 Maximum Anticipated Operating Pressure (PSI): 125 Testing PSI: 250
 Test Date: 07/12/2017

OPERATOR COMMENTS AND SUBMITTAL

Comments This flowline has been in service prior to 05/2018 and has been pressure tested since 2017. Pressure test will be appended to registration when provided by operator.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 05/02/2019 Email: michael@ecopoint-inc.com

Print Name: Michael Clancy Title: consultant

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: 5/2/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402029512	Form44 Submitted
402029513	OFF-LOCATION FLOWLINE GEODATABASE GDB
402029514	FLOWLINE LAYOUT DRAWING

Total Attach: 3 Files