

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

04/30/2019

Document Number:

402026851

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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 302988 Location Type: Gathering Line
Name: EKBERG-62S43W Number: 22NWSW
County: YUMA
Qtr Qtr: NWSW Section: 22 Township: 2S Range: 43W Meridian: 6
Latitude: 39.866433 Longitude: -102.180276

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464270 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.866360 Longitude: -102.180170 PDOP: 1.6 Measurement Date: 04/26/2019
Equipment at End Point Riser: Custody Transfer Point

Flowline Start Point Location Identification

Location ID: 336761 Location Type: Well Site [] No Location ID
Name: BIBMA-62S43W Number: 22SWNW
County: YUMA
Qtr Qtr: SWNW Section: 22 Township: 2S Range: 43W Meridian: 6
Latitude: 39.870800 Longitude: -102.181870

Flowline Start Point Riser

Latitude: 39.870810 Longitude: -102.182380 PDOP: 1.6 Measurement Date: 04/26/2019
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: 01/01/2006
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: 04/30/2019 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: 5/2/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402026851	Form44 Submitted

Total Attach: 1 Files