

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:

05/09/2019

Document Number:

402038342

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: 303736 Location Type: Gathering Line  
Name: BROWN-62S43W Number: 28NESE  
County: YUMA  
Qtr Qtr: NESE Section: 28 Township: 2S Range: 43W Meridian: 6  
Latitude: 39.852143 Longitude: -102.188956

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464336 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.852250 Longitude: -102.188600 PDOP: 1.6 Measurement Date: 05/02/2019  
Equipment at End Point Riser: Custody Transfer Point

Flowline Start Point Location Identification

Location ID: 304999 Location Type: Well Site  No Location ID  
Name: RENZELMAN-62S43W Number: 33NENE  
County: YUMA  
Qtr Qtr: NENE Section: 33 Township: 2S Range: 43W Meridian: 6  
Latitude: 39.845890 Longitude: -102.186190

Flowline Start Point Riser

Latitude: 39.845880 Longitude: -102.186200 PDOP: 2.2 Measurement Date: 05/02/2019  
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: 08/01/2005  
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: 05/09/2019 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: 5/10/2019

**Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
402038342	Form44 Submitted

Total Attach: 1 Files