

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

05/02/2019

Document Number:

402029656

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: Location Type: Production Facilities
Name: Klein Facility Number: 62N62W8SWSW
County: WELD
Qtr Qtr: SWSW Section: 8 Township: 2N Range: 62W Meridian: 6
Latitude: 40.147613 Longitude: -104.355964

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.147684 Longitude: -104.355879 PDOP: 1.1 Measurement Date: 04/16/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 318615 Location Type: Well Site [] No Location ID
Name: KLEIN (LANYARD EXTENSION)-62N62W Number: 8SESW
County: WELD
Qtr Qtr: SESW Section: 8 Township: 2N Range: 62W Meridian: 6
Latitude: 40.148509 Longitude: -104.350865

Flowline Start Point Riser

Latitude: 40.148504 Longitude: -104.350865 PDOP: 1.3 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: 06/15/1978
Maximum Anticipated Operating Pressure (PSI): 125 Testing PSI: 250
Test Date: 07/15/2017

OPERATOR COMMENTS AND SUBMITTAL

Comments

This flowline was in service prior to 05/2018 and pressure tests were conducted in 2017. Pressure test will be appended when provided by the operator.
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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: _____

Attachment Check List

Att Doc Num	Name
402029680	OFF-LOCATION FLOWLINE GEODATABASE GDB
402029681	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files