

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

05/13/2019

Document Number:

402042006

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: 303590 Location Type: Gathering Line
Name: ODELL-62S43W Number: 8SWSW
County: YUMA
Qtr Qtr: SWSW Section: 8 Township: 2S Range: 43W Meridian: 6
Latitude: 39.893420 Longitude: -102.217860

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464399 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.893390 Longitude: -102.217881 PDOP: 0.9 Measurement Date: 05/10/2019
Equipment at End Point Riser: Custody Transfer Point

Flowline Start Point Location Identification

Location ID: 304106 Location Type: Well Site No Location ID
Name: ODELL-62S43W Number: 8SESW
County: YUMA
Qtr Qtr: SESW Section: 8 Township: 2S Range: 43W Meridian: 6
Latitude: 39.892250 Longitude: -102.214750

Flowline Start Point Riser

Latitude: 39.892230 Longitude: -102.214730 PDOP: 0.9 Measurement Date: 05/10/2019
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: 01/01/1999
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: 05/13/2019 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: 5/14/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402042006	Form44 Submitted

Total Attach: 1 Files