

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date: 02/05/2019

Document Number: 401884931

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: 10531 Contact Person: Chase Pearl
Company Name: VANGUARD OPERATING LLC Phone: (720) 4027542
Address: 5847 SAN FELIPE #3000 Email: cpearl@vnrenergy.com
City: HOUSTON State: TX Zip: 77057
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: 417475 Location Type: Well Site
Name: MILLER (pad #5) Number: 14A-31-691
County: GARFIELD
Qtr Qtr: NESW Section: 31 Township: 6S Range: 91W Meridian: 6
Latitude: 39.481236 Longitude: -107.600993

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464562 Flowline Type: Peripheral Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.481864 Longitude: -107.600663 PDOP: Measurement Date: 10/31/2018
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 464557 Location Type: Manifold [] No Location ID
Name: GIBSON GULCH UNIT-Manifold Number: 31SENW
County: GARFIELD
Qtr Qtr: SENW Section: 31 Township: 6S Range: 91W Meridian: 6
Latitude: 39.484234 Longitude: -107.599158

Flowline Start Point Riser

Latitude: 39.484234 Longitude: -107.599158 PDOP: Measurement Date: 11/03/2018
Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: Produced Water Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 6.000
Bedding Material: Native Materials Date Construction Completed: 08/04/2010
Maximum Anticipated Operating Pressure (PSI): 100 Testing PSI: 100
Test Date: 10/11/2018

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: 02/05/2019 Email: cpearl@vnrenergy.com

Print Name: Chase Pearl Title: Construction Foreman

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: 05/21/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401884931	Form44 Submitted
401884932	FLOWLINE LAYOUT DRAWING
401884934	PRESSURE TEST
401929153	OFF-LOCATION FLOWLINE GEODATABASE GDB

Total Attach: 4 Files