

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

05/19/2019

Document Number:

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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: 302991 Location Type: Gathering Line
Name: STONE-61N45W Number: 26SENE
County: YUMA
Qtr Qtr: SENE Section: 26 Township: 1N Range: 45W Meridian: 6
Latitude: 40.027810 Longitude: -102.363970

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464576 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.027810 Longitude: -102.363970 PDOP: 0.9 Measurement Date: 05/10/2019
Equipment at End Point Riser: Custody Transfer Point

Flowline Start Point Location Identification

Location ID: 336951 Location Type: Well Site [] No Location ID
Name: STONE-61N45W Number: 26NWSE
County: YUMA
Qtr Qtr: NWSE Section: 26 Township: 1N Range: 45W Meridian: 6
Latitude: 40.023360 Longitude: -102.366670

Flowline Start Point Riser

Latitude: 40.023353 Longitude: -102.366685 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: 01/01/2016
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: 05/19/2019 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: 05/22/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files