

**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:

05/21/2019

Document Number:

402051135**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: \_\_\_\_\_ Location Type: Gathering Line  
 Name: AXSOM Number: 1-26  
 County: WASHINGTON  
 Qtr Qtr: SENE Section: 26 Township: 2S Range: 50W Meridian: 6  
 Latitude: 39.853780 Longitude: -102.938572

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: \_\_\_\_\_ Flowline Type: Production Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**

Latitude: 39.853780 Longitude: -102.938572 PDOP: 0.8 Measurement Date: 05/15/2019  
 Equipment at End Point Riser: Custody Transfer Point

**Flowline Start Point Location Identification**

Location ID: 317188 Location Type: Well Site ☐ No Location ID  
 Name: AXSOM-62S50W Number: 26SENE  
 County: WASHINGTON  
 Qtr Qtr: SENE Section: 26 Township: 2S Range: 50W Meridian: 6  
 Latitude: 39.854050 Longitude: -102.938640

**Flowline Start Point Riser**

Latitude: 39.854102 Longitude: -102.938582 PDOP: 0.8 Measurement Date: 05/15/2019  
 Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000  
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

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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: 05/21/2019 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: \_\_\_\_\_

**Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
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Total Attach: 0 Files