

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

05/22/2019

Document Number:

402052931

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: 304347 Location Type: Produced Water Transfer System
Name: ALLEN-63S43W Number: 7NESW
County: YUMA
Qtr Qtr: NESW Section: 7 Township: 3S Range: 43W Meridian: 6
Latitude: 39.810013 Longitude: -102.232227

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464616 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.811032 Longitude: -102.232374 PDOP: 1.9 Measurement Date: 05/16/2019
Equipment at End Point Riser: Tank

Flowline Start Point Location Identification

Location ID: 337480 Location Type: Well Site [] No Location ID
Name: ALLEN-63S43W Number: 7NWSW
County: YUMA
Qtr Qtr: NWSW Section: 7 Township: 3S Range: 43W Meridian: 6
Latitude: 39.809540 Longitude: -102.237190

Flowline Start Point Riser

Latitude: 39.809525 Longitude: -102.237179 PDOP: 2.1 Measurement Date: 05/16/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Produced Water Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 12/01/2006
Maximum Anticipated Operating Pressure (PSI): 20 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: 05/22/2019 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: 5/24/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402052931	Form44 Submitted

Total Attach: 1 Files