

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

05/22/2019

Document Number:

402052933

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: 303341 Location Type: Gathering Line
Name: SCHOB-63S43W Number: 8SWNW
County: YUMA
Qtr Qtr: SWNW Section: 8 Township: 3S Range: 43W Meridian: 6
Latitude: 39.813713 Longitude: -102.217837

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.813866 Longitude: -102.217919 PDOP: 2.4 Measurement Date: 05/14/2019
Equipment at End Point Riser: Custody Transfer Point

Flowline Start Point Location Identification

Location ID: 304428 Location Type: Well Site ☐ No Location ID
Name: SCHOB-63S43W Number: 8NWNW
County: YUMA
Qtr Qtr: NWNW Section: 8 Township: 3S Range: 43W Meridian: 6
Latitude: 39.816683 Longitude: -102.218807

Flowline Start Point Riser

Latitude: 39.816665 Longitude: -102.218816 PDOP: 2.6 Measurement Date: 05/14/2019
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: 01/01/2002
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: 05/22/2019 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: _____

Attachment Check List

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