

State of Colorado  
Oil and Gas Conservation Commission

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OGCC RECEPTION  
Receive Date:  
05/22/2019  
Document Number:  
402052934

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: 303132 Location Type: Gathering Line  
Name: ALLEN-63S43W Number: 8NESW  
County: YUMA  
Qtr Qtr: NESW Section: 8 Township: 3S Range: 43W Meridian: 6  
Latitude: 39.808773 Longitude: -102.215877

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464619 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.809184 Longitude: -102.216207 PDOP: 2.8 Measurement Date: 05/14/2019  
Equipment at End Point Riser: Custody Transfer Point

Flowline Start Point Location Identification

Location ID: 337326 Location Type: Well Site  No Location ID  
Name: ALLEN-63S43W Number: 8NWSW  
County: YUMA  
Qtr Qtr: NWSW Section: 8 Township: 3S Range: 43W Meridian: 6  
Latitude: 39.809780 Longitude: -102.218810

Flowline Start Point Riser

Latitude: 39.809831 Longitude: -102.218794 PDOP: 2.0 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: 09/01/2006  
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: 05/22/2019 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**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
402052934	Form44 Submitted

Total Attach: 1 Files