

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:

402052945

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: 337528 Location Type: Gathering Line
Name: SHIVELY-63S44W Number: 1NENE
County: YUMA
Qtr Qtr: NENE Section: 1 Township: 3S Range: 44W Meridian: 6
Latitude: 39.831210 Longitude: -102.243040

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464629 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.831203 Longitude: -102.243112 PDOP: 2.4 Measurement Date: 05/15/2019
Equipment at End Point Riser: Custody Transfer Point

Flowline Start Point Location Identification

Location ID: 338243 Location Type: Well Site ☐ No Location ID
Name: STATE-62S44W Number: 36SESE
County: YUMA
Qtr Qtr: SESE Section: 36 Township: 2S Range: 44W Meridian: 6
Latitude: 39.833720 Longitude: -102.243890

Flowline Start Point Riser

Latitude: 39.833732 Longitude: -102.243920 PDOP: 2.4 Measurement Date: 05/15/2019
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: 12/20/2008
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**Att Doc Num****Name**

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| 402052945 | Form44 Submitted |
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Total Attach: 1 Files