

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

01/11/2019

Document Number:

401897496

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: 100264 Contact Person: Sephra Baca
Company Name: XTO ENERGY INC Phone: (817) 3785584
Address: 110 W 7TH STREET Email: sephra_baca@xtoenergy.com
City: FORTH WORTH State: TX Zip: 76102
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: 314914 Location Type: Gathering Line
Name: U S A-PICEANCE CREEK-62S96W Number: 6SESW
County: RIO BLANCO
Qtr Qtr: SESW Section: 6 Township: 2S Range: 96W Meridian: 6
Latitude: 39.901522 Longitude: -108.212834

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464749 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.901638 Longitude: -108.212247 PDOP: Measurement Date: 09/05/2018
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 316243 Location Type: Well Site [] No Location ID
Name: PICEANCE CREEK UNIT-62S97W Number: 1NESE
County: RIO BLANCO
Qtr Qtr: NESE Section: 1 Township: 2S Range: 97W Meridian: 6
Latitude: 39.903512 Longitude: -108.221134

Flowline Start Point Riser

Latitude: 39.903554 Longitude: -108.221032 PDOP: Measurement Date: 09/08/2018
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) _____
Bedding Material: Native Materials Date Construction Completed: 05/30/2002
Maximum Anticipated Operating Pressure (PSI): _____ 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: 01/11/2019 Email: sephra_baca@xtoenergy.com

Print Name: Sephra Baca Title: Regulatory Analyst

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: 5/30/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401897496	Form44 Submitted
401901855	OFF-LOCATION FLOWLINE GEODATABASE KML

Total Attach: 2 Files