

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

05/31/2019

Document Number:

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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: 96850 Contact Person: Vicki Schoeber
Company Name: TEP ROCKY MOUNTAIN LLC Phone: (970) 263-2721
Address: PO BOX 370 Email: vschoeber@terraep.com
City: PARACHUTE State: CO Zip: 81635
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: 323946 Location Type: Production Facilities
Name: COOK-66S94W Number: 33NENW
County: GARFIELD
Qtr Qtr: NENW Section: 33 Township: 6S Range: 94W Meridian: 6
Latitude: 39.487379 Longitude: -107.895800

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464811 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.487294 Longitude: -107.895848 PDOP: Measurement Date: 07/31/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 335373 Location Type: Well Site [] No Location ID
Name: SAVAGE-66S94W Number: 33NWNW
County: GARFIELD
Qtr Qtr: NWNW Section: 33 Township: 6S Range: 94W Meridian: 6
Latitude: 39.486077 Longitude: -107.898627

Flowline Start Point Riser

Latitude: 39.486132 Longitude: -107.898594 PDOP: Measurement Date: 07/31/2018
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 01/08/2009
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464812 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.487320 Longitude: -107.895838 PDOP: _____ Measurement Date: 07/31/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 335373 Location Type: _____ Well Site No Location ID
Name: SAVAGE-66S94W Number: 33NWNW
County: GARFIELD
Qtr Qtr: NWNW Section: 33 Township: 6S Range: 94W Meridian: 6
Latitude: 39.486077 Longitude: -107.898627

Flowline Start Point Riser

Latitude: 39.486074 Longitude -107.898609 PDOP: _____ Measurement Date: 07/31/2018
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 01/13/2009
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464813 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.487338 Longitude: -107.895833 PDOP: _____ Measurement Date: 07/31/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 335373 Location Type: _____ Well Site No Location ID
Name: SAVAGE-66S94W Number: 33NWNW
County: GARFIELD
Qtr Qtr: NWNW Section: 33 Township: 6S Range: 94W Meridian: 6
Latitude: 39.486077 Longitude: -107.898627

Flowline Start Point Riser

Latitude: 39.486054 Longitude -107.898615 PDOP: Measurement Date: 07/31/2018

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000

Bedding Material: Native Materials Date Construction Completed: 01/21/2009

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464814 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.487303 Longitude: -107.895845 PDOP: Measurement Date: 07/31/2018

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 335373 Location Type: Well Site No Location ID

Name: SAVAGE-66S94W Number: 33NWNW

County: GARFIELD

Qtr Qtr: NWNW Section: 33 Township: 6S Range: 94W Meridian: 6

Latitude: 39.486077 Longitude: -107.898627

Flowline Start Point Riser

Latitude: 39.486111 Longitude -107.898597 PDOP: Measurement Date: 07/31/2018

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000

Bedding Material: Native Materials Date Construction Completed: 01/08/2009

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464815 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.487313 Longitude: -107.895841 PDOP: Measurement Date: 07/31/2018

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 335373 Location Type: Well Site No Location ID

Name: SAVAGE-66S94W Number: 33NWNW

County: GARFIELD

Qtr Qtr: NWNW Section: 33 Township: 6S Range: 94W Meridian: 6
Latitude: 39.486077 Longitude: -107.898627

Flowline Start Point Riser

Latitude: 39.486093 Longitude -107.898603 PDOP: _____ Measurement Date: 07/31/2018
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 05/16/2000
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

This registration is for 5 wellhead lines from the RMV 118-33 pad to the separators on the RMV 77-33 pad. OF_RM77-33PF - 9072 System ID; OF_RM118-33_RM118-33 - 90244 Flowline ID OF_RM118-33_RWF11-33 - 90245 Flowline ID; OF_RM118-33_RWF411-33 - 90246 Flowline ID OF_RM118-33_RWF421-33 - 90247 Flowline ID; OF_RM118-33_RWF21-33 - 90248 Flowline ID The construction completion dates are estimated based on limited information currently available.
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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: 05/31/2019 Email: vschoeber@terraep.com
Print Name: Vicki Schoeber Title: Regulatory Specialist

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: 6/3/2019

Attachment Check List

Att Doc Num	Name
402058016	Form44 Submitted
402058029	LAYOUT DRAWING-ACTUAL
402058031	OFF-LOCATION FLOWLINE GEODATABASE GDB

Total Attach: 3 Files