

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

05/30/2019

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: 61650 Contact Person: Maureen Haberer
Company Name: MURFIN DRILLING COMPANY INC Phone: (785) 4835371
Address: 250 N WATER ST STE 300 Email: mhaberer@murfininc.com
City: WICHITA State: KS Zip: 67202
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: Location Type: Manifold
Name: SECU Central Production Manifold Number: SECU 602 LL
County: BACA
Qtr Qtr: NWNE Section: 1 Township: 35S Range: 46W Meridian: 6
Latitude: 37.032220 Longitude: -102.550720

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 37.032220 Longitude: -102.550720 PDOP: Measurement Date: 12/18/2018
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: Location Type: Well Site [X] No Location ID
Name: S.E. CAMPO UNIT Number: 602
County: BACA
Qtr Qtr: SENW Section: 1 Township: 35S Range: 46W Meridian: 6
Latitude: 37.028210 Longitude: -102.555350

Flowline Start Point Riser

Latitude: 37.028180 Longitude: -102.555340 PDOP: Measurement Date: 12/18/2018
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Fiberglass Max Outer Diameter:(Inches) 3.500
Bedding Material: Native Materials Date Construction Completed: 06/29/1994
Maximum Anticipated Operating Pressure (PSI): 100 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: 05/30/2019 Email: mhaberer@murfininc.com

Print Name: Maureen Haberer Title: Production Assistant

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

Att Doc Num	Name
402058297	FLOWLINE LAYOUT DRAWING

Total Attach: 1 Files