

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

06/10/2019

Document Number:

401838835

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: 35080 Contact Person: MICHAEL REILLY
Company Name: GRAND MESA OPERATING CO Phone: (316) 265-3000
Address: 1700 N. WATERFRONT PKWY BL 600 Email: MREILLY@GMOCKS.COM
City: WICHITA State: KS Zip: 67206
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: Production Facilities
Name: SALEN Number: 14-35
County: WASHINGTON
Qtr Qtr: SESW Section: 35 Township: 5S Range: 54W Meridian: 6
Latitude: 39.568230 Longitude: -103.397870

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.568230 Longitude: -103.397870 PDOP: 1.8 Measurement Date: 04/06/2018
Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 438156 Location Type: Well Site [] No Location ID
Name: SALEN Number: 14-35
County: WASHINGTON
Qtr Qtr: SESW Section: 35 Township: 5S Range: 54W Meridian: 6
Latitude: 39.568290 Longitude: -103.398360

Flowline Start Point Riser

Latitude: 39.568290 Longitude: -103.398360 PDOP: Measurement Date: 04/06/2018
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Pipe Material: HDPE Max Outer Diameter:(Inches) 3.500
 Bedding Material: Native Materials Date Construction Completed: 10/30/2014
 Maximum Anticipated Operating Pressure (PSI): 55 Testing PSI: 100
 Test Date: 05/31/2019

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: 06/10/2019 Email: MREILLY@GMOCKS.COM

Print Name: MICHAEL REILLY Title: PRESIDENT

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
401838835	Form44 Submitted
401840623	FLOWLINE LAYOUT DRAWING
401840631	OFF-LOCATION FLOWLINE GEODATABASE SHP
402069103	PRESSURE TEST

Total Attach: 4 Files