

State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION Receive Date: 04/18/2019 Document Number: 401672381

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: 10447 Contact Person: Chris McRickard Company Name: URSA OPERATING COMPANY LLC Phone: (720) 508-8362 Address: 950 17TH STREET, SUITE 1900 Email: cmcrickard@ursaresources.com City: DENVER State: CO Zip: 80202 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: CSF-7-7-91-U Number: County: GARFIELD Qtr Qtr: SESE Section: 7 Township: 7S Range: 91W Meridian: 6 Latitude: 39.456483 Longitude: -107.591231

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: Flowline Type: Peripheral Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.456483 Longitude: -107.591231 PDOP: 1.7 Measurement Date: 07/09/2015 Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 335055 Location Type: Well Site [] No Location ID Name: CSF-67S91W Number: 7SENW County: GARFIELD Qtr Qtr: SENW Section: 7 Township: 7S Range: 91W Meridian: 6 Latitude: 39.463150 Longitude: -107.598580

Flowline Start Point Riser

Latitude: 39.462862 Longitude: -107.599221 PDOP: 1.6 Measurement Date: 06/18/2018 Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: _____ Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 08/01/2003
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: 04/18/2019 Email: cmcrickard@ursaresources.com

Print Name: Chris McRickard Title: Regulatory Manager

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
401739234	OFF-LOCATION FLOWLINE GEODATABASE SHP
402013814	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 2 Files