

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

11/15/2018

Document Number:

401836314

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: 464908 Location Type: Production Facilities
Name: YELLOWSTONE Number: 1-2
County: LINCOLN
Qtr Qtr: SWNE Section: 2 Township: 8S Range: 55W Meridian: 6
Latitude: 39.384240 Longitude: -103.510440

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465334 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.384240 Longitude: -103.510440 PDOP: 2.0 Measurement Date: 04/08/2018
Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 451355 Location Type: Well Site [] No Location ID
Name: YELLOWSTONE Number: 1-2
County: LINCOLN
Qtr Qtr: SWNE Section: 2 Township: 8S Range: 55W Meridian: 6
Latitude: 39.383420 Longitude: -103.514660

Flowline Start Point Riser

Latitude: 39.383420 Longitude: -103.514660 PDOP: 2.0 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) 3.000
 Bedding Material: Native Materials Date Construction Completed: 10/21/2017
 Maximum Anticipated Operating Pressure (PSI): 30 Testing PSI: 50
 Test Date: 10/19/2018

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: 11/15/2018 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: 6/12/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401836314	Form44 Submitted
401836348	FLOWLINE LAYOUT DRAWING
401836354	OFF-LOCATION FLOWLINE GEODATABASE SHP
401840439	PRESSURE TEST

Total Attach: 4 Files