

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

06/20/2019

Document Number:

402035414

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: 10651 Contact Person: Mike Cugnetti
Company Name: VERDAD RESOURCES LLC Phone: (720) 8456901
Address: 5950 CEDAR SPRINGS ROAD Email: mcugnetti@verdadoil.com
City: DALLAS State: TX Zip: 75235
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: 441041 Location Type: Well Site
Name: PTASNIK Number: 1-30-9-59 PAD
County: WELD
Qtr Qtr: Lot 4 Section: 30 Township: 9N Range: 59W Meridian: 6
Latitude: 40.715190 Longitude: -104.028890

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465532 Flowline Type: Peripheral Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.715231 Longitude: -104.029511 PDOP: 1.9 Measurement Date: 10/19/2018
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 432177 Location Type: Production Facilities [] No Location ID
Name: SHULL Number: 1-25-9-60 PAD
County: WELD
Qtr Qtr: SESE Section: 25 Township: 9N Range: 60W Meridian: 6
Latitude: 40.714690 Longitude: -104.035060

Flowline Start Point Riser

Latitude: 40.714666 Longitude: -104.034471 PDOP: 2.3 Measurement Date: 10/19/2018
Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 4.000
Bedding Material: Native Materials Date Construction Completed: 01/01/2015
Maximum Anticipated Operating Pressure (PSI): 150 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: 06/20/2019 Email: mcugnetti@verdadoil.com

Print Name: Mike Cugnetti Title: EH&S 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: 6/21/2019

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|---------------------------|-------------------------|
| 402035414 | Form44 Submitted |
| 402035457 | FLOWLINE LAYOUT DRAWING |

Total Attach: 2 Files