

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

06/20/2019

Document Number:

402040085

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: 433368 Location Type: Manifold
Name: Nelson Ranches Number: 1-33-10-59
County: WELD
Qtr Qtr: SWSE Section: 28 Township: 10N Range: 59W Meridian: 6
Latitude: 40.804320 Longitude: -103.981150

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465534 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.804804 Longitude: -103.979250 PDOP: 1.2 Measurement Date: 10/16/2018
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 433368 Location Type: Production Facilities [] No Location ID
Name: Nelson Ranches Number: 1-33-10-59
County: WELD
Qtr Qtr: SWSE Section: 28 Township: 10N Range: 59W Meridian: 6
Latitude: 40.804320 Longitude: -103.981150

Flowline Start Point Riser

Latitude: 40.804290 Longitude: -103.980337 PDOP: 1.4 Measurement Date: 10/16/2018
Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 6.000
 Bedding Material: Native Materials Date Construction Completed: 01/01/2014
 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>
402040085	Form44 Submitted
402040098	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files