

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

06/20/2019

Document Number:

402041833

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 No

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 425596 Location Type: Manifold
Name: Timbro Ranch Number: 1-41-9-59
County: WELD
Qtr Qtr: Lot 1 Section: 1 Township: 9N Range: 59W Meridian: 6
Latitude: 40.786790 Longitude: -103.918850

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465536 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.787193 Longitude: -103.920568 PDOP: 1.5 Measurement Date: 10/16/2018
Equipment at End Point Riser: Custody Transfer Point

Flowline Start Point Location Identification

Location ID: 425596 Location Type: Production Facilities No Location ID
Name: Timbro Ranch Number: 1-41-9-59
County: WELD
Qtr Qtr: Lot 1 Section: 1 Township: 9N Range: 59W Meridian: 6
Latitude: 40.786790 Longitude: -103.918850

Flowline Start Point Riser

Latitude: 40.786367 Longitude: -103.919044 PDOP: 3.0 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) 4.000
 Bedding Material: Native Materials Date Construction Completed: 03/01/2012
 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> |
|---------------------------|-------------------------|
| 402041833 | Form44 Submitted |
| 402041844 | FLOWLINE LAYOUT DRAWING |

Total Attach: 2 Files