

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

07/05/2019

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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: 10699 Contact Person: Pat Dolezal
Company Name: OWN RESOURCES OPERATING LLC Phone: (970) 332-3585
Address: 36695 US-385 Email: pat.dolezal@ownresources.com
City: WRAY State: CO Zip: 80758
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: Production Facilities
Name: Fix Number: 24-02
County: YUMA
Qtr Qtr: NWNE Section: 24 Township: 1S Range: 45W Meridian: 6
Latitude: 39.962112 Longitude: -102.362893

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.962112 Longitude: -102.362893 PDOP: Measurement Date: 06/03/2019
Equipment at End Point Riser: Meter

Flowline Start Point Location Identification

Location ID: 337733 Location Type: Well Site No Location ID
Name: FIX-61S45W Number: 24NWNE
County: YUMA
Qtr Qtr: NWNE Section: 24 Township: 1S Range: 45W Meridian: 6
Latitude: 39.960780 Longitude: -102.362620

Flowline Start Point Riser

Latitude: 39.960790 Longitude: -102.362644 PDOP: Measurement Date: 06/03/2019
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 2.000  
Bedding Material: \_\_\_\_\_ Date Construction Completed: 01/19/2007  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: 49  
Test Date: 12/12/2018

**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: 07/05/2019 Email: pat.dolezal@ownresources.com

Print Name: Pat Dolezal Title: REGULATORY SPECIALIST

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**

<b>Att Doc Num</b>	<b>Name</b>

Total Attach: 0 Files