

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

07/09/2019

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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) 3325-3585
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 ☒ No ☐

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: Location Type: Production Facilities
Name: Schobe Number: 23-04
County: YUMA
Qtr Qtr: NWNW Section: 23 Township: 1S Range: 44W Meridian: 6
Latitude: 39.960031 Longitude: -102.280365

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.960031 Longitude: -102.280365 PDOP: Measurement Date: 06/05/2019
Equipment at End Point Riser: Meter

Flowline Start Point Location Identification

Location ID: 338127 Location Type: Well Site ☐ No Location ID
Name: SCHOB-61S44W Number: 23NWNW
County: YUMA
Qtr Qtr: NWNW Section: 23 Township: 1S Range: 44W Meridian: 6
Latitude: 39.960070 Longitude: -102.278120

Flowline Start Point Riser

Latitude: 39.960079 Longitude: -102.278146 PDOP: Measurement Date: 06/05/2019
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: 11/14/2007
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: 45
Test Date: 12/14/2018

OPERATOR COMMENTS AND SUBMITTAL

Comments Off location flowline Schobe 23-04 API 11004

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 07/09/2019 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

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files