

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:

07/18/2019

Document Number:

402113405

## 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: 10112 Contact Person: JAMES SMITH  
Company Name: FOUNDATION ENERGY MANAGEMENT LLC Phone: (918) 526-5592  
Address: 5057 KELLER SPRINGS RD STE 650 Email: FORM44@FOUNDATIONENERGY.COM  
City: ADDISON State: TX Zip: 75001  
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: 304254 Location Type: Produced Water Transfer System  
Name: CURE-64S43W Number: 33NWNE  
County: YUMA  
Qtr Qtr: NWNE Section: 33 Township: 4S Range: 43W Meridian: 6  
Latitude: 39.672019 Longitude: -102.183610

## FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466132 Flowline Type: Production Line Action Type: Registration

## OFF LOCATION FLOWLINE REGISTRATION

## Flowline End Point Riser

Latitude: 39.671995 Longitude: -102.183590 PDOP: 2.0 Measurement Date: 06/24/2019  
Equipment at End Point Riser: Tank

## Flowline Start Point Location Identification

Location ID: 304432 Location Type: Well Site ☐ No Location ID  
Name: CURE FED-64S43W Number: 33SWNE  
County: YUMA  
Qtr Qtr: SWNE Section: 33 Township: 4S Range: 43W Meridian: 6  
Latitude: 39.668451 Longitude: -102.183232

## Flowline Start Point Riser

Latitude: 39.668448 Longitude: -102.183258 PDOP: 2.0 Measurement Date: 06/24/2019  
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Produced Water Pipe Material: HDPE Max Outer Diameter:(Inches) 3.000  
Bedding Material: Native Materials Date Construction Completed: 10/01/2002  
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: 07/18/2019 Email: FORM44@FOUNDATIONENERGY.COM

Print Name: JAMES SMITH Title: HSE-REGULATORY SUPERVISOR

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: 7/18/2019

**Attachment Check List****Att Doc Num****Name**

402113405

Form44 Submitted

Total Attach: 1 Files