

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

07/09/2019

Document Number:

402098780

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: 76840 Contact Person: Jeff Schneider
Company Name: SCHNEIDER ENERGY SERVICES INC Phone: (970) 867-9437
Address: P O BOX 889 Email: jeff@schneiderenergy.com
City: FORT MORGAN State: CO Zip: 80701
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: 465923 Location Type: Production Facilities
Name: Eaton Field Number: 1
County: WELD
Qtr Qtr: SWSW Section: 30 Township: 7N Range: 65W Meridian: 6
Latitude: 40.539297 Longitude: -104.709378

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466142 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.539297 Longitude: -104.709378 PDOP: 2.6 Measurement Date: 06/17/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 421457 Location Type: Well Site [] No Location ID
Name: Eaton Field Number: 1
County: WELD
Qtr Qtr: SWSW Section: 30 Township: 7N Range: 65W Meridian: 6
Latitude: 40.539760 Longitude: -104.713950

Flowline Start Point Riser

Latitude: 40.539894 Longitude: -104.713772 PDOP: 3.9 Measurement Date: 06/17/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.375
Bedding Material: Native Materials Date Construction Completed: 03/15/2011
Maximum Anticipated Operating Pressure (PSI): _____ 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: 07/09/2019 Email: jeff@schneiderenergy.com

Print Name: Jeff Schneider Title: jeff@schneiderenergy.com

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

<u>Att Doc Num</u>	<u>Name</u>
402098780	Form44 Submitted

Total Attach: 1 Files