

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

07/22/2019

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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: 456701 Location Type: Production Facilities
Name: EYESTONE Number: 7-34
County: YUMA
Qtr Qtr: SENE Section: 34 Township: 4N Range: 47W Meridian: 6
Latitude: 40.278374 Longitude: -102.608653

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.278369 Longitude: -102.608589 PDOP: Measurement Date: 07/19/2019
Equipment at End Point Riser: Meter

Flowline Start Point Location Identification

Location ID: 303664 Location Type: Well Site [] No Location ID
Name: EYESTONE-64N47W Number: 34NWNE
County: YUMA
Qtr Qtr: NWNE Section: 34 Township: 4N Range: 47W Meridian: 6
Latitude: 40.276340 Longitude: -102.610690

Flowline Start Point Riser

Latitude: 40.276353 Longitude: -102.610708 PDOP: Measurement Date: 07/19/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: _____ Date Construction Completed: 10/10/1991
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: 30
Test Date: 10/04/2018

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: 07/22/2019 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

Att Doc Num	Name

Total Attach: 0 Files