

State of Colorado  
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

07/23/2019

Document Number:

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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: 76840 Contact Person: Kevin Bothwell  
Company Name: SCHNEIDER ENERGY SERVICES INC Phone: (970) 8679437  
Address: P O BOX 889 Email: kbothwell@schneideroilandgas.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  No

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 319639 Location Type: Production Facilities  
Name: COORDES-61S57W Number: 7SWNW  
County: ADAMS  
Qtr Qtr: SWNW Section: 7 Township: 1S Range: 57W Meridian: 6  
Latitude: 39.981844 Longitude: -103.816258

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.975090 Longitude: -103.814164 PDOP: 3.1 Measurement Date: 07/02/2019  
Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 319639 Location Type: Well Site  No Location ID  
Name: COORDES-61S57W Number: 7SWNW  
County: ADAMS  
Qtr Qtr: SWNW Section: 7 Township: 1S Range: 57W Meridian: 6  
Latitude: 39.981844 Longitude: -103.816258

Flowline Start Point Riser

Latitude: 39.981618 Longitude: -103.816271 PDOP: 2.6 Measurement Date: 07/02/2019  
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: \_\_\_\_\_ Pipe Material: Carbon Steel Max Outer Diameter:(Inches) \_\_\_\_\_  
Bedding Material: Native Materials Date Construction Completed: 10/25/1955  
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: 07/23/2019 Email: kbothwell@schneideroilandgas.com

Print Name: Kevin Bothwell Title: Employee

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**

Att Doc Num	Name

Total Attach: 0 Files