

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

07/19/2019

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: 50910 Contact Person: Catherine Linn
Company Name: LINN BROS OIL & GAS INC. Phone: (970) -858-3733
Address: P O BOX 416 Email: clinn@fruitawireless.com
City: FRUITA State: CO Zip: 81521-416
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: Location Type: Gathering Line
Name: 1_19_84 Gas Flwline Number:
County: MESA
Qtr Qtr: NESW Section: 19 Township: 8S Range: 104W Meridian: 6
Latitude: 39.352940 Longitude: -109.033963

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.352770 Longitude: -109.034131 PDOP: Measurement Date: 05/29/2019
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 312487 Location Type: Well Site [] No Location ID
Name: GOVERNMENT-68S104W Number: 19NESW
County: MESA
Qtr Qtr: NESW Section: 19 Township: 8S Range: 104W Meridian: 6
Latitude: 39.351325 Longitude: -109.032583

Flowline Start Point Riser

Latitude: 39.351230 Longitude: -109.032682 PDOP: Measurement Date: 06/17/2019
Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
 Bedding Material: Native Materials Date Construction Completed: 09/01/2017
 Maximum Anticipated Operating Pressure (PSI): 60 Testing PSI: 64
 Test Date: 07/13/2019

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: 07/19/2019 Email: clinn@fruitawireless.com

Print Name: Catherine Linn Title: Administrator

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
402067392	FLOWLINE LAYOUT DRAWING
402116057	PRESSURE TEST

Total Attach: 2 Files