

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

07/25/2019

Document Number:

402121862

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 [X] No [ ]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 313815 Location Type: Production Facilities
Name: REGGIE-62N57W Number: 6NWNE
County: MORGAN
Qtr Qtr: NWNE Section: 6 Township: 2N Range: 57W Meridian: 6
Latitude: 40.172422 Longitude: -103.799359

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466270 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.172988 Longitude: -103.796401 PDOP: 2.3 Measurement Date: 05/18/2017
Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 313815 Location Type: Well Site [ ] No Location ID
Name: REGGIE-62N57W Number: 6NWNE
County: MORGAN
Qtr Qtr: NWNE Section: 6 Township: 2N Range: 57W Meridian: 6
Latitude: 40.172422 Longitude: -103.799359

Flowline Start Point Riser

Latitude: 40.172480 Longitude: -103.799264 PDOP: 5.6 Measurement Date: 05/18/2017
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) \_\_\_\_\_  
Bedding Material: Native Materials Date Construction Completed: 11/25/1955  
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: 07/25/2019 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: 7/26/2019

**Attachment Check List**

**Att Doc Num**

**Name**

--	--

Total Attach: 0 Files