

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

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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: 415301 Location Type: Production Facilities
Name: RUBY 1-2/DARLOW TANK LOCATION Number:
County: ADAMS
Qtr Qtr: SESE Section: 12 Township: 1S Range: 68W Meridian: 6
Latitude: 39.974250 Longitude: -104.942960

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466274 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.974301 Longitude: -104.942803 PDOP: 5.6 Measurement Date: 05/09/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320521 Location Type: Well Site No Location ID
Name: RUBY Number: 1
County: ADAMS
Qtr Qtr: SWSE Section: 12 Township: 1S Range: 68W Meridian: 6
Latitude: 39.973650 Longitude: -104.946970

Flowline Start Point Riser

Latitude: 39.973749 Longitude: -104.946998 PDOP: 2.6 Measurement Date: 05/09/2017
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: 02/04/2013
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

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files