

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

07/25/2019

Document Number:

402122760

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: 465923 Location Type: Production Facilities
Name: Eaton Field Number: 1
County: WELD
Qtr Qtr: SWSW Section: 30 Township: 7N Range: 65W Meridian: 6
Latitude: 40.539297 Longitude: -104.709378

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466376 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.539300 Longitude: -104.708469 PDOP: 2.3 Measurement Date: 04/27/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 422949 Location Type: Well Site No Location ID
Name: Eaton Field Number: 2
County: WELD
Qtr Qtr: SESW Section: 30 Township: 7N Range: 65W Meridian: 6
Latitude: 40.539660 Longitude: -104.707740

Flowline Start Point Riser

Latitude: 40.539691 Longitude: -104.707396 PDOP: 2.9 Measurement Date: 04/27/2017
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: 08/28/2011
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: 7/31/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402122760	Form44 Submitted

Total Attach: 1 Files