

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

07/23/2019

Document Number:

402119140

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: 466417 Location Type: Production Facilities
Name: FOGALE-610N54W Number: 26SWSW
County: LOGAN
Qtr Qtr: SWSW Section: 26 Township: 10N Range: 54W Meridian: 6
Latitude: 40.804427 Longitude: -103.382106

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466645 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.804427 Longitude: -103.382106 PDOP: 2.5 Measurement Date: 06/06/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 312284 Location Type: Well Site ☐ No Location ID
Name: FOGALE-610N54W Number: 26SWSW
County: LOGAN
Qtr Qtr: SWSW Section: 26 Township: 10N Range: 54W Meridian: 6
Latitude: 40.804746 Longitude: -103.378841

Flowline Start Point Riser

Latitude: 40.804814 Longitude: -103.378915 PDOP: 2.5 Measurement Date: 06/06/2019
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: 04/01/1991
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: 8/13/2019

Attachment Check List**Att Doc Num****Name**

402119140

Form44 Submitted

Total Attach: 1 Files