

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:

07/30/2019

Document Number:

402126295

## 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: 51130 Contact Person: Michael Nicol  
Company Name: LOCIN OIL CORPORATION Phone: (281) 362-8600  
Address: 2445 TECHNOLOGY FOREST BD #710 Email: mnicol@locinoil.com  
City: THE WOODLANDS State: TX Zip: 77381  
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: 315343 Location Type: Well Site  
Name: FORK UNIT-FEDERAL-61S102W Number: 12SWSE  
County: RIO BLANCO  
Qtr Qtr: SWSE Section: 12 Township: 1S Range: 102W Meridian: 6  
Latitude: 39.971008 Longitude: -108.787272

## FLOWLINE FACILITY INFORMATION

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

## OFF LOCATION FLOWLINE REGISTRATION

## Flowline End Point Riser

Latitude: 39.970900 Longitude: -108.787283 PDOP: 2.0 Measurement Date: 07/16/2019  
Equipment at End Point Riser: Custody Transfer Point

## Flowline Start Point Location Identification

Location ID: 315440 Location Type: Well Site ☐ No Location ID  
Name: FORK UNIT-FEDERAL-61S101W Number: 7NWNW  
County: RIO BLANCO  
Qtr Qtr: NWNW Section: 7 Township: 1S Range: 101W Meridian: 6  
Latitude: 39.981558 Longitude: -108.779222

## Flowline Start Point Riser

Latitude: 39.981600 Longitude: -108.779617 PDOP: 2.0 Measurement Date: 07/16/2019  
Equipment at Start Point Riser: Meter

**Flowline Description and Testing**

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000  
Bedding Material: Unknown Date Construction Completed: 05/25/1980  
Maximum Anticipated Operating Pressure (PSI): 500 Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

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

**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**

Latitude: 39.975283 Longitude: -108.783417 PDOP: 2.0 Measurement Date: 07/16/2019  
Equipment at End Point Riser: Manifold

**Flowline Start Point Location Identification**

Location ID: 315389 Location Type: \_\_\_\_\_ Well Site ☐ No Location ID  
Name: FORK UNIT-FEDERAL-61S101W Number: 7NWSW  
County: RIO BLANCO  
Qtr Qtr: NWSW Section: 7 Township: 1S Range: 101W Meridian: 6  
Latitude: 39.973828 Longitude: -108.779812

**Flowline Start Point Riser**

Latitude: 39.973683 Longitude: -108.780350 PDOP: 2.0 Measurement Date: 07/16/2019  
Equipment at Start Point Riser: Meter

**Flowline Description and Testing**

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000  
Bedding Material: Unknown Date Construction Completed: 05/16/1980  
Maximum Anticipated Operating Pressure (PSI): 500 Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OPERATOR COMMENTS AND SUBMITTAL**

Comments 

Line installed by prior operator and drawings unavailable. Line location and size based upon best efforts. No attempt was made to excavate line and verify.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: \_\_\_\_\_ Date: 07/30/2019 Email: mnicol@locinoil.com

Print Name: Michael Nicol Title: Manager

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**

<u>Att Doc Num</u>	<u>Name</u>
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402128018	OFF-LOCATION FLOWLINE GEODATABASE SHP
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402128020	FLOWLINE LAYOUT DRAWING
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Total Attach: 2 Files