

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

08/22/2019

Document Number:

402152680

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: 10071 Contact Person: Michael Clancy
Company Name: HIGHPOINT OPERATING CORPORATION Phone: (208) 5968194
Address: 555 17TH ST STE 3700 Email: michael@ecopoint-inc.com
City: DENVER State: CO Zip: 80202
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: 439471 Location Type: Production Facilities
Name: Coffelt Number: 5-61-35_36 NWNW
County: WELD
Qtr Qtr: NWNW Section: 35 Township: 5N Range: 61W Meridian: 6
Latitude: 40.362681 Longitude: -104.184419

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.363444 Longitude: -104.184982 PDOP: 1.2 Measurement Date: 01/07/2019
Equipment at End Point Riser: Pigging Station

Flowline Start Point Location Identification

Location ID: 430466 Location Type: Well Site [] No Location ID
Name: Anschutz Obrien Pad Number: 5-61-33-57H
County: WELD
Qtr Qtr: NWNE Section: 33 Township: 5N Range: 61W Meridian: 6
Latitude: 40.363603 Longitude: -104.210678

Flowline Start Point Riser

Latitude: 40.363746 Longitude: -104.210057 PDOP: 1.5 Measurement Date: 01/07/2019
Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 8.000
Bedding Material: Native Materials Date Construction Completed: 10/25/2012
Maximum Anticipated Operating Pressure (PSI): 95 Testing PSI: 95
Test Date: 07/27/2018

OPERATOR COMMENTS AND SUBMITTAL

Comments

Sales gas line from an older facility, actual pressure test will be appended when provided. Pressure test results were provided by operator.
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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 08/22/2019 Email: wes@ecopoint-inc.com

Print Name: Wesley Collins Title: consultant

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

Att Doc Num	Name
402152691	FLOWLINE LAYOUT DRAWING
402152692	OFF-LOCATION FLOWLINE GEODATABASE GDB

Total Attach: 2 Files