

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:

08/28/2019

Document Number:

402160479

## 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: 10699 Contact Person: Pat Dolezal  
Company Name: OWN RESOURCES OPERATING LLC Phone: (970) 332-3585  
Address: 36695 US-385 Email: pat.dolezal@ownresources.com  
City: WRAY State: CO Zip: 80758  
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: 303024 Location Type: Production Facilities  
Name: TUELL, HARRY J-64N46W Number: 32NWNW  
County: YUMA  
Qtr Qtr: NWNW Section: 32 Township: 4N Range: 46W Meridian: 6  
Latitude: 40.278160 Longitude: -102.546170

## FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 467079 Flowline Type: Wellhead Line Action Type: Registration

## OFF LOCATION FLOWLINE REGISTRATION

## Flowline End Point Riser

Latitude: 40.278154 Longitude: -102.546257 PDOP: Measurement Date: 06/04/2019  
Equipment at End Point Riser: Meter

## Flowline Start Point Location Identification

Location ID: 337449 Location Type: Well Site ☐ No Location ID  
Name: DAY-64N46W Number: 32NENW  
County: YUMA  
Qtr Qtr: NENW Section: 32 Township: 4N Range: 46W Meridian: 6  
Latitude: 40.277320 Longitude: -102.540880

## Flowline Start Point Riser

Latitude: 40.277333 Longitude: -102.540900 PDOP: Measurement Date: 06/04/2019  
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 2.000  
Bedding Material: \_\_\_\_\_ Date Construction Completed: 12/14/2006  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: 23  
Test Date: 11/01/2018

**OPERATOR COMMENTS AND SUBMITTAL**

Comments Off location flowline Day 21-32 API 125-10213

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

Signed: \_\_\_\_\_ Date: 08/28/2019 Email: pat.dolezal@ownresources.com

Print Name: Pat Dolezal Title: Regulatory Specialist

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: 8/29/2019

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

402160479	Form44 Submitted
-----------	------------------

Total Attach: 1 Files