

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION Receive Date: 09/04/2019 Document Number: 402165082

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: 10634 Contact Person: Matt Trela Company Name: P O & G OPERATING LLC Phone: (713) 5898190 Address: 5847 SAN FELIPE SUITE 3200 Email: matt_trela@pogresources.com City: HOUSTON State: TX Zip: 77057 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: Location Type: Production Facilities Name: Betty #2 Battery Number: County: CHEYENNE Qtr Qtr: swse Section: 6 Township: 15s Range: 44w Meridian: 6 Latitude: 38.769616 Longitude: -102.376531

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 38.769616 Longitude: -102.376531 PDOP: Measurement Date: 09/03/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 437256 Location Type: Well Site [] No Location ID Name: Betty Number: 2 County: CHEYENNE Qtr Qtr: SWSE Section: 6 Township: 15s Range: 44w Meridian: 6 Latitude: 38.770880 Longitude: -102.376350

Flowline Start Point Riser

Latitude: 38.770880 Longitude: -102.376350 PDOP: Measurement Date: 09/03/2019 Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: Fiberglass Max Outer Diameter:(Inches) _____
Bedding Material: Native Materials Date Construction Completed: 10/01/2013
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: 09/04/2019 Email: chris_chamberlain@pogresources.com

Print Name: Chris Chamberlain Title: Ops Eng.

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
402165087	GRADE 1 GAS LEAK CAUSE ANALYSIS

Total Attach: 1 Files