

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: 402165118

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: 312212 Location Type: Production Facilities Name: CROISSANT-69N53W Number: 13SEW County: LOGAN Qtr Qtr: SENW Section: 13 Township: 9N Range: 53W Meridian: 6 Latitude: 40.753986 Longitude: -103.240150

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 467228 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.754109 Longitude: -103.241158 PDOP: Measurement Date: 09/03/2019 Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 312212 Location Type: Well Site [ ] No Location ID Name: CROISSANT-69N53W Number: 13SEW County: LOGAN Qtr Qtr: SENW Section: 13 Township: 9N Range: 53W Meridian: 6 Latitude: 40.753986 Longitude: -103.240150

Flowline Start Point Riser

Latitude: 40.753986 Longitude: -103.240150 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: 01/01/1964  
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: 9/5/2019

**Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
402165118	Form44 Submitted
402165157	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files