

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:

402165192**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 No

OFF LOCATION FLOWLINE**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: _____ Location Type: Production Facilities
Name: Dolfi Battery Number: _____
County: CHEYENNE
Qtr Qtr: sww Section: 35 Township: 15s Range: 45w Meridian: 6
Latitude: 38.696442 Longitude: -102.423788

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 38.696442 Longitude: -102.423788 PDOP: _____ Measurement Date: 09/03/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321931 Location Type: _____ Well Site No Location ID
Name: DOLFI-615S45W Number: 35SWW
County: CHEYENNE
Qtr Qtr: SWSW Section: 35 Township: 15S Range: 45W Meridian: 6
Latitude: 38.698178 Longitude: -102.420885

Flowline Start Point Riser

Latitude: 38.698178 Longitude: -102.420885 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: 04/20/1978
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
402165197	FLOWLINE LAYOUT DRAWING

Total Attach: 1 Files