

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:

09/04/2019

Document Number:

402165268

## 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: 317134 Location Type: Production Facilities  
Name: HICKERT-63S52W Number: 24NWNW  
County: WASHINGTON  
Qtr Qtr: NWNW Section: 24 Township: 3S Range: 52W Meridian: 6  
Latitude: 39.782800 Longitude: -103.159610

## FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 467231 Flowline Type: Wellhead Line Action Type: Registration

## OFF LOCATION FLOWLINE REGISTRATION

## Flowline End Point Riser

Latitude: 39.784712 Longitude: -103.159919 PDOP: Measurement Date: 09/03/2019  
Equipment at End Point Riser: Heater Treater

## Flowline Start Point Location Identification

Location ID: 317134 Location Type: Well Site ☐ No Location ID  
Name: HICKERT-63S52W Number: 24NWNW  
County: WASHINGTON  
Qtr Qtr: NWNW Section: 24 Township: 3S Range: 52W Meridian: 6  
Latitude: 39.782800 Longitude: -103.159610

## Flowline Start Point Riser

Latitude: 39.782800 Longitude: -103.159610 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: 09/18/2012  
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>
402165268	Form44 Submitted
402165272	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files