

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:

402165737

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: Lippelman Battery Number:
County: WASHINGTON
Qtr Qtr: senw Section: 31 Township: 3s Range: 51w Meridian: 6
Latitude: 39.752790 Longitude: -103.140069

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 39.752790 Longitude: -103.140069 PDOP: Measurement Date: 09/03/2019
Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 316932 Location Type: Well Site ☐ No Location ID
Name: LIPPELMAN-63S51W Number: 31SENW
County: WASHINGTON
Qtr Qtr: SENW Section: 31 Township: 3S Range: 51W Meridian: 6
Latitude: 39.750780 Longitude: -103.135690

Flowline Start Point Riser

Latitude: 39.750780 Longitude: -103.135690 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: 05/29/1993
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 39.752790 Longitude: -103.140069 PDOP: _____ Measurement Date: 09/03/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 316935 Location Type: _____ Well Site ☐ No Location ID
Name: LIPPELMANN-63S51W Number: 31NWNW
County: WASHINGTON
Qtr Qtr: NWNW Section: 31 Township: 3S Range: 51W Meridian: 6
Latitude: 39.754500 Longitude: -103.140035

Flowline Start Point Riser

Latitude: 39.754500 Longitude: -103.140035 PDOP: _____ Measurement Date: 09/03/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 12/06/1963
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 39.752790 Longitude: -103.140069 PDOP: _____ Measurement Date: 09/03/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317054 Location Type: _____ Well Site ☐ No Location ID
Name: LIPPELMANN-63S51W Number: 31SWNW
County: WASHINGTON
Qtr Qtr: SWNW Section: 31 Township: 3S Range: 51W Meridian: 6
Latitude: 39.750870 Longitude: -103.140025

Flowline Start Point Riser

Latitude: 39.750870 Longitude -103.140025 PDOP: Measurement Date: 09/03/2019

Equipment at Start Point Riser: Tank

Flowline Description and Testing

Type of Fluid Transferred: Pipe Material: Fiberglass Max Outer Diameter:(Inches)

Bedding Material: Native Materials Date Construction Completed: 04/16/1964

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:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
---------------------------	--------------------

402165755	FLOWLINE LAYOUT DRAWING
-----------	-------------------------

Total Attach: 1 Files