

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:

09/05/2019

Document Number:

402166867**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: 463256 Location Type: Production Facilities
Name: Lowe Number: 2-B
County: KIT CARSON
Qtr Qtr: NWNE Section: 14 Township: 11S Range: 46W Meridian: 6
Latitude: 39.092122 Longitude: -102.521542

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 467265 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 39.092208 Longitude: -102.521402 PDOP: _____ Measurement Date: 09/03/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 324937 Location Type: _____ Well Site No Location ID
Name: LOWE-611S46W Number: 14SWNE
County: KIT CARSON
Qtr Qtr: SWNE Section: 14 Township: 11S Range: 46W Meridian: 6
Latitude: 39.093720 Longitude: -102.528110

Flowline Start Point Riser

Latitude: 39.093720 Longitude: -102.528110 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: 01/01/1999
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: 09/05/2019 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: 9/6/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402166867	Form44 Submitted
402166877	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files