

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: 09/10/2019 Document Number: 402171618

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: 10112 Contact Person: ALYSSA BEARD
Company Name: FOUNDATION ENERGY MANAGEMENT LLC Phone: (303) 244-8114
Address: 5057 KELLER SPRINGS RD STE 650 Email: FORM44@FOUNDATIONENERGY.COM
City: ADDISON State: TX Zip: 75001
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: 429231 Location Type: Production Facilities
Name: GREEN Number: 1-7 FACILITY
County: WELD
Qtr Qtr: NENE Section: 1 Township: 7N Range: 60W Meridian: 6
Latitude: 40.611324 Longitude: -104.034410

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 467404 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.611356 Longitude: -104.034282 PDOP: 1.0 Measurement Date: 07/02/2019
Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 429227 Location Type: Well Site [] No Location ID
Name: GREEN Number: 1-10
County: WELD
Qtr Qtr: NWSE Section: 1 Township: 7N Range: 60W Meridian: 6
Latitude: 40.601578 Longitude: -104.038833

Flowline Start Point Riser

Latitude: 40.601577 Longitude: -104.038868 PDOP: 1.0 Measurement Date: 07/02/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000
Bedding Material: Native Materials Date Construction Completed: 10/01/2014
Maximum Anticipated Operating Pressure (PSI): 250 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: 09/10/2019 Email: FORM44@FOUNDATIONENERGY.COM

Print Name: ALYSSA BEARD Title: EHSR MANAGER

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: 9/11/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402171618	Form44 Submitted

Total Attach: 1 Files