

State of Colorado  
Oil and Gas Conservation Commission

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OGCC RECEPTION  
Receive Date:  
09/10/2019  
Document Number:  
402171671

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  No

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: \_\_\_\_\_ Location Type: Production Facilities  
Name: NORTH SOONER BATTERY TREATER Number: \_\_\_\_\_  
County: WELD  
Qtr Qtr: NENW Section: 21 Township: 8N Range: 58W Meridian: 6  
Latitude: 40.652134 Longitude: -103.870218

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.652134 Longitude: -103.870218 PDOP: 0.9 Measurement Date: 07/02/2019  
Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 327558 Location Type: Well Site  No Location ID  
Name: SOONER UNIT-68N58W Number: 21SWNW  
County: WELD  
Qtr Qtr: SWNW Section: 21 Township: 8N Range: 58W Meridian: 6  
Latitude: 40.649820 Longitude: -103.874373

Flowline Start Point Riser

Latitude: 40.649813 Longitude: -103.874387 PDOP: 0.9 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: 11/01/2000  
Maximum Anticipated Operating Pressure (PSI): 100 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: \_\_\_\_\_

**Attachment Check List**

**Att Doc Num**

**Name**

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

Total Attach: 0 Files