

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: 402159608

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: 81480 Contact Person: Tom Spring Company Name: THOMAS L SPRING LLC Phone: (303) 771-1889 Address: 7400 E ORCHARD RD STE 106-S Email: t1spring@aol.com City: GREENWOOD State: CO Zip: 80111 VILLAGE 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: 324883 Location Type: Production Facilities Name: Haskell Number: County: KIOWA Qtr Qtr: NWSE Section: 33 Township: 20S Range: 48W Meridian: 6 Latitude: 38.269369 Longitude: -102.793849

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 38.269395 Longitude: -102.793860 PDOP: Measurement Date: 08/28/2019 Equipment at End Point Riser: Meter

Flowline Start Point Location Identification

Location ID: 324883 Location Type: Well Site [ ] No Location ID Name: HASKELL-620S48W Number: 33NWSE County: KIOWA Qtr Qtr: NWSE Section: 33 Township: 20S Range: 48W Meridian: 6 Latitude: 38.272823 Longitude: -102.791504

Flowline Start Point Riser

Latitude: 38.273039 Longitude: -102.792144 PDOP: Measurement Date: 08/28/2019 Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 2.000  
Bedding Material: Native Materials Date Construction Completed: 02/10/1998  
Maximum Anticipated Operating Pressure (PSI): 10 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: kathleenspring3@gmail.com

Print Name: Kathleen Spring Title: 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**

<b>Att Doc Num</b>	<b>Name</b>
402171093	FLOWLINE LAYOUT DRAWING

Total Attach: 1 Files