

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:

09/12/2019

Document Number:

402174873

## 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: 435380 Location Type: Production Facilities  
Name: WICKSTROM Number: 6 CTB  
County: WELD  
Qtr Qtr: Lot 4 Section: 6 Township: 7N Range: 59W Meridian: 6  
Latitude: 40.610860 Longitude: -104.025991

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 467468 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.611216 Longitude: -104.025913 PDOP: 1.1 Measurement Date: 07/02/2019  
Equipment at End Point Riser: Heater Treater

**Flowline Start Point Location Identification**

Location ID: 435306 Location Type: Well Site ☐ No Location ID  
Name: Wickstrom Number: 6-4  
County: WELD  
Qtr Qtr: Lot 4 Section: 6 Township: 7N Range: 59W Meridian: 6  
Latitude: 40.609774 Longitude: -104.028382

**Flowline Start Point Riser**

Latitude: 40.609775 Longitude: -104.028418 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: 09/12/2019 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: 9/13/2019

**Attachment Check List****Att Doc Num****Name**

402174873

Form44 Submitted

Total Attach: 1 Files