

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:

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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: SHOWERS TANK BATTERY Number:
County: WELD
Qtr Qtr: SWSW Section: 32 Township: 8N Range: 60W Meridian: 6
Latitude: 40.611709 Longitude: -104.123795

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 40.611709 Longitude: -104.123795 PDOP: 1.2 Measurement Date: 07/02/2019
Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 330961 Location Type: Well Site ☐ No Location ID
Name: SHOWERS-67N60W Number: 5NWNW
County: WELD
Qtr Qtr: NWNW Section: 5 Township: 7N Range: 60W Meridian: 6
Latitude: 40.608350 Longitude: -104.123994

Flowline Start Point Riser

Latitude: 40.608330 Longitude: -104.124031 PDOP: 0.9 Measurement Date: 07/02/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: <u>Multiphase</u>	Pipe Material: <u>Carbon Steel</u>	Max Outer Diameter:(Inches) <u>3.000</u>
Bedding Material: <u>Native Materials</u>	Date Construction Completed: <u>08/01/2000</u>	
Maximum Anticipated Operating Pressure (PSI): <u>250</u>	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: _____

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files