

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: 09/16/2019 Document Number: 402178710

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: Location Type: Production Facilities
Name: WICKSTROM CENTRAL TANK BATTERY Number:
County: WELD
Qtr Qtr: SWSW Section: 6 Township: 7N Range: 59W Meridian: 6
Latitude: 40.611216 Longitude: -104.025913

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 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: 331795 Location Type: Well Site [] No Location ID
Name: WICKSTROM-67N59W Number: 6SWNW
County: WELD
Qtr Qtr: SWNW Section: 6 Township: 7N Range: 59W Meridian: 6
Latitude: 40.607920 Longitude: -104.026164

Flowline Start Point Riser

Latitude: 40.607896 Longitude: -104.026180 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: 07/01/2003
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: 09/16/2019 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