

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

09/24/2019

Document Number:

402186535

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: 65110 Contact Person: Joseph Forma
Company Name: O'BRIEN ENERGY RESOURCES CORP Phone: (603) 427-2099
Address: 18 CONGRESS ST STE 207 Email: joeforma@obenergy.com
City: PORTSMOUTH State: NH Zip: 3801-2499
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: 330915 Location Type: Well Site
Name: LOST CREEK O'BRIEN-63N62W Number: 20SWNW
County: WELD
Qtr Qtr: SWNW Section: 20 Township: 3N Range: 62W Meridian: 6
Latitude: 40.213240 Longitude: -104.354930

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.207672 Longitude: -104.356889 PDOP: 2.7 Measurement Date: 10/09/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 256437 Location Type: Well Site No Location ID
Name: LOST CREEK O'BRIEN Number: 2-20
County: WELD
Qtr Qtr: SWNW Section: 20 Township: 3N Range: 62W Meridian: 6
Latitude: 40.213240 Longitude: -104.354930

Flowline Start Point Riser

Latitude: 40.213240 Longitude: -104.354930 PDOP: 2.7 Measurement Date: 10/09/2017
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.375
Bedding Material: Native Materials Date Construction Completed: 05/01/2001
Maximum Anticipated Operating Pressure (PSI): 0 Testing PSI: 150
Test Date: 06/06/2017

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: 09/24/2019 Email: joeforma@obenergy.com

Print Name: Joseph Forma Title: President

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
402186558	OFF-LOCATION FLOWLINE GEODATABASE KML
402186559	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files