

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: 09/24/2019 Document Number: 402186565

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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 331298 Location Type: Well Site Name: LOST CREEK O'BRIEN-63N62W Number: 20NWSE County: WELD Qtr Qtr: NWSE Section: 20 Township: 3N Range: 62W Meridian: 6 Latitude: 40.209280 Longitude: -104.345330

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 467782 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.209339 Longitude: -104.345717 PDOP: 2.3 Measurement Date: 08/28/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331279 Location Type: Well Site [] No Location ID Name: LOST CREEK O'BRIEN-63N62W Number: 20NENW County: WELD Qtr Qtr: NENW Section: 20 Township: 3N Range: 62W Meridian: 6 Latitude: 40.216650 Longitude: -104.349960

Flowline Start Point Riser

Latitude: 40.216650 Longitude: -104.349960 PDOP: 2.3 Measurement Date: 10/02/2007 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: 02/08/2002
Maximum Anticipated Operating Pressure (PSI): 0 Testing PSI: 100
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: 9/24/2019

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|---------------------------------------|
| 402186565 | Form44 Submitted |
| 402186580 | OFF-LOCATION FLOWLINE GEODATABASE KML |
| 402186581 | FLOWLINE LAYOUT DRAWING |

Total Attach: 3 Files