

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION Receive Date: 05/21/2019 Document Number: 402051376

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: JAMES SMITH Company Name: FOUNDATION ENERGY MANAGEMENT LLC Phone: (918) 526-5592 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: 467908 Location Type: Gathering Line Name: CHAPMAN Number: 1-10 County: YUMA Qtr Qtr: SENW Section: 10 Township: 5N Range: 46W Meridian: 6 Latitude: 40.419008 Longitude: -102.483221

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 467912 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.419008 Longitude: -102.483221 PDOP: 0.9 Measurement Date: 05/15/2019 Equipment at End Point Riser: Custody Transfer Point

Flowline Start Point Location Identification

Location ID: 302980 Location Type: Well Site [ ] No Location ID Name: CHAPMAN-65N46W Number: 10SENW County: YUMA Qtr Qtr: SENW Section: 10 Township: 5N Range: 46W Meridian: 6 Latitude: 40.418915 Longitude: -102.485610

Flowline Start Point Riser

Latitude: 40.418920 Longitude: -102.485648 PDOP: 1.0 Measurement Date: 05/15/2019 Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 2.000  
Bedding Material: Native Materials Date Construction Completed: 01/01/1999  
Maximum Anticipated Operating Pressure (PSI): 150 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: 05/21/2019 Email: FORM44@FOUNDATIONENERGY.COM

Print Name: JAMES SMITH Title: HSE-REGULATORY SUPERVISOR

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: 9/25/2019

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
402051376	Form44 Submitted

Total Attach: 1 Files