

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:

09/05/2019

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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: 467672 Location Type: Production Facilities  
Name: FEDERAL PELICAN Number: 33-08  
County: WELD  
Qtr Qtr: NENE Section: 33 Township: 8N Range: 60W Meridian: 6  
Latitude: 40.625869 Longitude: -104.092062

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 468017 Flowline Type: Production Line Action Type: Registration

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

Latitude: 40.625869 Longitude: -104.092062 PDOP: 1.0 Measurement Date: 07/02/2019  
Equipment at End Point Riser: Custody Transfer Point

**Flowline Start Point Location Identification**

Location ID: 330960 Location Type: Well Site ☐ No Location ID  
Name: FEDERAL MACAW-68N60W Number: 33NENE  
County: WELD  
Qtr Qtr: NENE Section: 33 Township: 8N Range: 60W Meridian: 6  
Latitude: 40.624400 Longitude: -104.092122

**Flowline Start Point Riser**

Latitude: 40.624401 Longitude: -104.092122 PDOP: 0.9 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: 01/01/2000  
Maximum Anticipated Operating Pressure (PSI): 100 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: 09/05/2019 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: 9/26/2019

**Attachment Check List****Att Doc Num****Name**

402167509

Form44 Submitted

Total Attach: 1 Files