

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:

09/10/2019

Document Number:

402171648

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: 467692 Location Type: Production Facilities
Name: POWELL 30-14-11 BATTERY Number: _____
County: WELD
Qtr Qtr: SESW Section: 30 Township: 8N Range: 60W Meridian: 6
Latitude: 40.626134 Longitude: -104.137547

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 468349 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.626134 Longitude: -104.137547 PDOP: 1.0 Measurement Date: 07/02/2019
Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 330675 Location Type: Well Site ☐ No Location ID
Name: DOC POWELL-68N60W Number: 30SESW
County: WELD
Qtr Qtr: SESW Section: 30 Township: 8N Range: 60W Meridian: 6
Latitude: 40.627670 Longitude: -104.137847

Flowline Start Point Riser

Latitude: 40.627666 Longitude: -104.137870 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: 01/01/1999
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: 09/10/2019 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: 9/30/2019

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

402171648

Form44 Submitted

Total Attach: 1 Files