

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

07/01/2019

Document Number:

402092007

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: 10699 Contact Person: Pat Dolezal
Company Name: OWN RESOURCES OPERATING LLC Phone: (970) 332-3585
Address: 36695 US-385 Email: pat.dolezal@ownresources.com
City: WRAY State: CO Zip: 80758
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: 468486 Location Type: Production Facilities
Name: Brophy J Number: 04-05
County: YUMA
Qtr Qtr: NWNW Section: 5 Township: 3N Range: 46W Meridian: 6
Latitude: 40.262951 Longitude: -102.547378

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 468488 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.262951 Longitude: -102.547378 PDOP: Measurement Date: 06/11/2019
Equipment at End Point Riser: Meter

Flowline Start Point Location Identification

Location ID: 303064 Location Type: Well Site [] No Location ID
Name: J. P. BROPHY-63N46W Number: 5NWNW
County: YUMA
Qtr Qtr: NWNW Section: 5 Township: 3N Range: 46W Meridian: 6
Latitude: 40.262950 Longitude: -102.545290

Flowline Start Point Riser

Latitude: 40.262950 Longitude: -102.545290 PDOP: Measurement Date: 06/11/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: _____ Date Construction Completed: 03/27/1979
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: 35
Test Date: 03/06/2018

OPERATOR COMMENTS AND SUBMITTAL

Comments

Off location flowline Brophy J 04-05 API#6249

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 07/01/2019 Email: pat.dolezal@ownresources.com

Print Name: Pat Dolezal Title: Regulatory Specialist

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: 10/2/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402092007	Form44 Submitted

Total Attach: 1 Files