

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:

10/10/2019

Document Number:

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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: 29625 Contact Person: Cam Gracey  
Company Name: TOM FENNO PRODUCTION LLC Phone: (970) 567-6871  
Address: 1707 AVIAN DR Email: graceyservices@msn.com  
City: FORT COLLINS State: CO Zip: 80525  
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: 468761 Location Type: Produced Water Transfer System  
Name: Injection Plant 1 Number: \_\_\_\_\_  
County: LARIMER  
Qtr Qtr: NESW Section: 15 Township: 9N Range: 68W Meridian: 6  
Latitude: 40.746010 Longitude: -104.990410

## FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 468762 Flowline Type: Production Line Action Type: Registration

## OFF LOCATION FLOWLINE REGISTRATION

## Flowline End Point Riser

Latitude: 40.746010 Longitude: -104.990410 PDOP: 1.5 Measurement Date: 05/01/2017  
Equipment at End Point Riser: Manifold

## Flowline Start Point Location Identification

Location ID: 307066 Location Type: Well Site ☐ No Location ID  
Name: CLARKS LAKE MUDDY SAND UNIT-69N68W Number: 15SESW  
County: LARIMER  
Qtr Qtr: SESW Section: 15 Township: 9N Range: 68W Meridian: 6  
Latitude: 40.741459 Longitude: -104.991911

## Flowline Start Point Riser

Latitude: 40.741472 Longitude: -104.991911 PDOP: 1.5 Measurement Date: 05/01/2017  
Equipment at Start Point Riser: Well



**Flowline Description and Testing**

Type of Fluid Transferred: \_\_\_\_\_ Pipe Material: \_\_\_\_\_ Max Outer Diameter:(Inches) \_\_\_\_\_  
Bedding Material: \_\_\_\_\_ Date Construction Completed: 01/01/1995  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ 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: 10/10/2019 Email: ashleyfenno@gmail.com

Print Name: Ashley Fenno Title: Agent

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: 10/18/2019

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

402064411

Form44 Submitted

Total Attach: 1 Files