

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:

11/24/2019

Document Number:

402163340

Initial Gas Leak Report

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: 5 Contact Person: test test
Company Name: COLORADO OIL & GAS CONSERVATION COMMISSION Phone: (123) 123
Address: 1120 LINCOLN ST SUITE 801 Email: test@emaipil.com
City: DENVER State: CO Zip: 80203
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 ☒

GRADE 1 GAS LEAK REPORT (INITIAL or SUPPLEMENTAL)

Initial Gas Leak Report Document Number: _____

Initial Report Date: 11/24/2019 Date of Discovery: 11/23/2019 Line Type: Dump Line
Facility ID: _____

Actual Location of the Leak (Location of Leak Point)

Quarter Quarter: nene Section: 7 Township: 34n Range: 9w Meridian: _____
Latitude: -107.887449 Longitude: -107.887449 County: LA PLATA Municipality: _____

Describe what is known about the Grade 1 Gas Leak, including what happened and how it was stopped:

bnm

Root Cause of Grade 1 Gas Leak: _____

Describe incident & root cause (include specific equipment and point of failure):

bnm

Describe measures taken to prevent the problem(s) from reoccurring:

ghj

Was there a reportable E & P waste spill or release associated with this Grade 1 Gas Leak? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Spill/Release Report, Form 19 _____

Was there a reportable accident associated with this Grade 1 Gas Leak? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Accident Report, Form 22 _____

Request for Closure Yes ☐ No ☒ If YES, all information regarding this leak has been submitted.

OPERATOR COMMENTS AND SUBMITTAL

Comments testing

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 11/24/2019 Email: test@emaipil.com

Print Name: test test Title: tester

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: _____

Attachment Check List

Att Doc Num	Name
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Total Attach: 0 Files