

State of Colorado Oil and Gas Conservation Commission

1120 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 [X]

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

Total Attach: 0 Files