

State of Colorado  
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

08/02/2019

Document Number:

402132272

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  No

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 303462 Location Type: Production Facilities  
Name: PROBASCO-63N46W Number: 10SWSE  
County: YUMA  
Qtr Qtr: SWSE Section: 10 Township: 3N Range: 46W Meridian: 6  
Latitude: 40.237407 Longitude: -102.496939

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 469937 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.237515 Longitude: -102.496977 PDOP: Measurement Date: 06/14/2019  
Equipment at End Point Riser: Meter

Flowline Start Point Location Identification

Location ID: 304477 Location Type: Well Site  No Location ID  
Name: PROBASCO-63N46W Number: 11NWSW  
County: YUMA  
Qtr Qtr: NWSW Section: 11 Township: 3N Range: 46W Meridian: 6  
Latitude: 40.240847 Longitude: -102.487258

Flowline Start Point Riser

Latitude: 40.240931 Longitude: -102.487242 PDOP: Measurement Date: 06/14/2019  
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: \_\_\_\_\_ Pipe Material: HDPE Max Outer Diameter:(Inches) 2.000  
Bedding Material: \_\_\_\_\_ Date Construction Completed: 03/28/2002  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: 32  
Test Date: 07/10/2018

**OPERATOR COMMENTS AND SUBMITTAL**

Comments 

Off location flowline Probasco 02-11 API 125-8597
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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.  
Signed: \_\_\_\_\_ Date: 08/02/2019 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: 12/16/2019

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
402132272	Form44 Submitted

Total Attach: 1 Files