

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:

08/01/2019

Document Number:

402131150

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: 75027	Contact Person: Pat Dolezal
Company Name: ROSEWOOD RESOURCES INC	Phone: (970) 332-3585
Address: PO BOX 227	Email: pat.dolezal@ownresources.com
City: YUMA	State: CO Zip: 80759
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 470435	Location Type: Production Facilities
Name: SOC State	Number: 14-36
County: YUMA	
Qtr Qtr: NENE	Section: 1 Township: 4N Range: 46W Meridian: 6
Latitude: 40.351809	Longitude: -102.468553

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470436	Flowline Type: Wellhead Line	Action Type: Registration
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OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.351809	Longitude: -102.468553	PDOP:	Measurement Date: 06/01/2019
Equipment at End Point Riser: Meter			

Flowline Start Point Location Identification

Location ID: 303916	Location Type: Well Site	<input type="checkbox"/> No Location ID
Name: S.O.C. STATE-65N46W	Number: 36SWSW	
County: YUMA		
Qtr Qtr: SWSW	Section: 36	Township: 5N Range: 46W Meridian: 6
Latitude: 40.354576	Longitude: -102.450068	

Flowline Start Point Riser

Latitude: 40.354695	Longitude: -102.450037	PDOP:	Measurement Date: 06/03/2019
Equipment at Start Point Riser: Well			

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: _____ Date Construction Completed: 04/28/1995
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments Off location flowline SOC State 14-36 API 125-7670

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

Signed: _____ Date: 08/01/2019 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: 1/2/2020

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

402131150	Form44 Submitted
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Total Attach: 1 Files