

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

10/21/2019

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402215667

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: 52530 Contact Person: Ross Warner
Company Name: MAGPIE OPERATING INC Phone: (970) 6696308
Address: 2707 SOUTH COUNTY RD 11 Email: ross.magpieoil@gmail.com
City: LOVELAND State: CO Zip: 80537
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 [X] No [ ]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 307164 Location Type: Well Site
Name: PROSPECT LAND CO.-65N69W Number: 24NWSE
County: LARIMER
Qtr Qtr: NWSE Section: 24 Township: 5N Range: 69W Meridian: 6
Latitude: 40.383003 Longitude: -105.065441

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470554 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.382937 Longitude: -105.064723 PDOP: 3.2 Measurement Date: 06/07/2019
Equipment at End Point Riser: Tank

Flowline Start Point Location Identification

Location ID: 307164 Location Type: Well Site [ ] No Location ID
Name: PROSPECT LAND CO.-65N69W Number: 24NWSE
County: LARIMER
Qtr Qtr: NWSE Section: 24 Township: 5N Range: 69W Meridian: 6
Latitude: 40.383003 Longitude: -105.065441

Flowline Start Point Riser

Latitude: 40.382987 Longitude: -105.065357 PDOP: 2.2 Measurement Date: 06/07/2018
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: 09/13/1984  
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: 10/21/2019 Email: ross.magpieoili@gmail.com

Print Name: Ross Warner Title: Compliance

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: 1/6/2020

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
402215667	Form44 Submitted

Total Attach: 1 Files