

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:

10/23/2019

Document Number:

402218457

## 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 ☒ No ☐

**OFF LOCATION FLOWLINE****FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 307208 Location Type: Well Site  
Name: WOOLDRIGE-COULSON-65N68W Number: 20SWSW  
County: LARIMER  
Qtr Qtr: SWSW Section: 20 Township: 5N Range: 68W Meridian: 6  
Latitude: 40.379653 Longitude: -105.038880

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 470585 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**

Latitude: 40.379837 Longitude: -105.042179 PDOP: 2.8 Measurement Date: 06/07/2018  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 307208 Location Type: Well Site ☐ No Location ID  
Name: WOOLDRIGE-COULSON-65N68W Number: 20SWSW  
County: LARIMER  
Qtr Qtr: SWSW Section: 20 Township: 5N Range: 68W Meridian: 6  
Latitude: 40.379653 Longitude: -105.038880

**Flowline Start Point Riser**

Latitude: 40.379646 Longitude: -105.038834 PDOP: 3.0 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: 03/01/1994  
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: 10/23/2019 Email: ross.magpieoil@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: 1/7/2020

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

402218457

Form44 Submitted

Total Attach: 1 Files