

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: 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 [X] 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

<u>Att Doc Num</u>	<u>Name</u>
402218457	Form44 Submitted

Total Attach: 1 Files