

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:

09/05/2019

Document Number:

402166841

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: 10634 Contact Person: Matt Trela
Company Name: P O & G OPERATING LLC Phone: (713) 5898190
Address: 5847 SAN FELIPE SUITE 3200 Email: matt_trela@pogresources.com
City: HOUSTON State: TX Zip: 77057
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: 324942 Location Type: Production Facilities
Name: BEESON-610S45W Number: 21NENW
County: KIT CARSON
Qtr Qtr: NENW Section: 21 Township: 10S Range: 45W Meridian: 6
Latitude: 39.172180 Longitude: -102.439110

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470626 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.172539 Longitude: -102.438802 PDOP: Measurement Date: 09/03/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 324943 Location Type: Well Site ☐ No Location ID
Name: BEESON-610S45W Number: 21NWNW
County: KIT CARSON
Qtr Qtr: NWNW Section: 21 Township: 10S Range: 45W Meridian: 6
Latitude: 39.169830 Longitude: -102.443500

Flowline Start Point Riser

Latitude: 39.169830 Longitude: -102.443500 PDOP: Measurement Date: 09/03/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: Fiberglass Max Outer Diameter:(Inches) _____
Bedding Material: Native Materials Date Construction Completed: 01/01/1999
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: 09/05/2019 Email: Chris_chamberlain@pogresources.com
Print Name: Chris Chamberlain Title: ops eng

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>
402166841	Form44 Submitted
402166846	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files