

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:

09/10/2019

Document Number:

402159608

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: 81480 Contact Person: Tom Spring
 Company Name: THOMAS L SPRING LLC Phone: (303) 771-1889
 Address: 7400 E ORCHARD RD STE 106-S Email: t1spring@aol.com
 City: GREENWOOD State: CO Zip: 80111
 VILLAGE
 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: 470672 Location Type: Production Facilities
 Name: Haskell Number: _____
 County: KIOWA
 Qtr Qtr: SWSE Section: 33 Township: 20S Range: 48W Meridian: 6
 Latitude: 38.269369 Longitude: -102.793849

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470742 Flowline Type: Production Line Action Type: Registration

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

Latitude: 38.269395 Longitude: -102.793860 PDOP: _____ Measurement Date: 08/28/2019
 Equipment at End Point Riser: Meter

Flowline Start Point Location Identification

Location ID: 324883 Location Type: Well Site ☐ No Location ID
 Name: HASKELL-620S48W Number: 33NWSE
 County: KIOWA
 Qtr Qtr: NWSE Section: 33 Township: 20S Range: 48W Meridian: 6
 Latitude: 38.272823 Longitude: -102.791504

Flowline Start Point Riser

Latitude: 38.273039 Longitude: -102.792144 PDOP: _____ Measurement Date: 08/28/2019
 Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 02/10/1998
Maximum Anticipated Operating Pressure (PSI): 10 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: 09/10/2019 Email: kathleenspring3@gmail.com

Print Name: Kathleen Spring Title: Manager

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: 1/9/2020

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

402159608

Form44 Submitted

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FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files