

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:

10/25/2019

Document Number:

402222485

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: 307182 Location Type: Well Site
Name: STATE ANDERSON-65N68W Number: 36NWNE
County: LARIMER
Qtr Qtr: NWNE Section: 36 Township: 5N Range: 68W Meridian: 6
Latitude: 40.361264 Longitude: -104.952287

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470769 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.361255 Longitude: -104.951480 PDOP: 2.7 Measurement Date: 06/07/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 307236 Location Type: Well Site ☐ No Location ID
Name: STATE-ANDERSON-65N68W Number: 36NENE
County: LARIMER
Qtr Qtr: NENE Section: 36 Township: 5N Range: 68W Meridian: 6
Latitude: 40.362030 Longitude: -104.947140

Flowline Start Point Riser

Latitude: 40.362030 Longitude: -104.947145 PDOP: 2.8 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: 11/22/2008
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: 10/25/2019 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: 1/9/2020

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

402222485

Form44 Submitted

Total Attach: 1 Files