

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

10/25/2019

Document Number:

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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: 307040 Location Type: Well Site
Name: SWANSON-65N68W Number: 32NWSW
County: LARIMER
Qtr Qtr: NWSW Section: 32 Township: 5N Range: 68W Meridian: 6
Latitude: 40.354733 Longitude: -105.038000

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470779 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.354595 Longitude: -105.037913 PDOP: 3.0 Measurement Date: 06/07/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 307192 Location Type: Well Site [] No Location ID
Name: SWANSON-65N68W Number: 32NESW
County: LARIMER
Qtr Qtr: NESW Section: 32 Township: 5N Range: 68W Meridian: 6
Latitude: 40.354724 Longitude: -105.033049

Flowline Start Point Riser

Latitude: 40.354645 Longitude: -105.033042 PDOP: 2.2 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: 04/12/1990
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

<u>Att Doc Num</u>	<u>Name</u>
402222490	Form44 Submitted

Total Attach: 1 Files