

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:

12/05/2019

Document Number:

402254647

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: 20275 Contact Person: JIM WIEGER
Company Name: CORAL PRODUCTION CORP Phone: (303) 623-3573
Address: 1600 STOUT ST STE 1500 Email: jimwieger@qwestoffice.net
City: DENVER State: CO Zip: 80202
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: Location Type: Well Site
Name: STATE-62N56W Number: 16NWSW
County: MORGAN
Qtr Qtr: NWSW Section: 16 Township: 2N Range: 56W Meridian: 6
Latitude: 40.136300 Longitude: -103.659260

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.136000 Longitude: -103.659260 PDOP: 0.8 Measurement Date: 09/19/2019
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 313847 Location Type: Production Facilities ☐ No Location ID
Name: USA-BREW-62N56W Number: 17NESE
County: MORGAN
Qtr Qtr: NESE Section: 17 Township: 2N Range: 56W Meridian: 6
Latitude: 40.136163 Longitude: -103.663925

Flowline Start Point Riser

Latitude: 40.133047 Longitude: -103.665722 PDOP: 0.8 Measurement Date: 09/19/2019
Equipment at Start Point Riser: Tank

Flowline Description and Testing

Type of Fluid Transferred: Produced Water Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000
Bedding Material: _____ Date Construction Completed: 06/02/1989
Maximum Anticipated Operating Pressure (PSI): 55 Testing PSI: 55
Test Date: 10/29/2017

OPERATOR COMMENTS AND SUBMITTAL

Comments

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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 12/05/2019 Email: jimwieger@qwestoffice.net

Print Name: JIM WIEGER Title: geologist

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: _____

Attachment Check List

Att Doc Num	Name
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Total Attach: 0 Files