

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION Receive Date: 10/01/2019 Document Number: 402190210

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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 317156 Location Type: Well Site Name: CHRISTIANSON B-63S50W Number: 27SWNW County: WASHINGTON Qtr Qtr: SWNW Section: 27 Township: 3S Range: 50W Meridian: 6 Latitude: 39.766510 Longitude: -102.969910

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.766510 Longitude: -102.969910 PDOP: 0.9 Measurement Date: 09/10/2019 Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: Location Type: Production Facilities [X] No Location ID Name: CHRISTIANSON B Number: 4-WD County: WASHINGTON Qtr Qtr: SWNW Section: 27 Township: 3S Range: 50W Meridian: 6 Latitude: 39.767984 Longitude: -102.967274

Flowline Start Point Riser

Latitude: 39.767984 Longitude: -102.967274 PDOP: 0.9 Measurement Date: 09/13/2019 Equipment at Start Point Riser: Manifold

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: 04/12/1990
Maximum Anticipated Operating Pressure (PSI): 0 Testing PSI: 0
Test Date: 03/07/2018

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: 10/01/2019 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

Att Doc Num	Name

Total Attach: 0 Files