

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:

10/01/2019

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 ☒ 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 ☒ 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: <u>Produced Water</u>	Pipe Material: <u>Carbon Steel</u>	Max Outer Diameter:(Inches) <u>3.000</u>
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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

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files