

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:

402194289

## 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 (CO811) that participates in Colorado's One Call notification system? Yes ☒ No ☐

## OFF LOCATION FLOWLINE

## FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 316947 Location Type: Well Site  
Name: SCHWARTZ, DOROTHY-63S50W Number: 28SENE  
County: WASHINGTON  
Qtr Qtr: SENE Section: 28 Township: 3S Range: 50W Meridian: 6  
Latitude: 39.766141 Longitude: -102.974650

## FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 473763 Flowline Type: Production Line Action Type: Registration

## OFF LOCATION FLOWLINE REGISTRATION

## Flowline End Point Riser

Latitude: 39.766382 Longitude: -102.974575 PDOP: 1.0 Measurement Date: 10/13/2019  
Equipment at End Point Riser: Tank

## Flowline Start Point Location Identification

Location ID: 317138 Location Type: Production Facilities ☐ No Location ID  
Name: MILLER-63S50W Number: 28NESE  
County: WASHINGTON  
Qtr Qtr: NESE Section: 28 Township: 3S Range: 50W Meridian: 6  
Latitude: 39.762621 Longitude: -102.974640

## Flowline Start Point Riser

Latitude: 39.764279 Longitude: -102.972712 PDOP: 1.0 Measurement Date: 09/12/2019  
Equipment at Start Point Riser: Tank

**Flowline Description and Testing**

Type of Fluid Transferred: Produced Water Pipe Material: HDPE Max Outer Diameter:(Inches) 2.000  
Bedding Material: \_\_\_\_\_ Date Construction Completed: 01/16/1989  
Maximum Anticipated Operating Pressure (PSI): 0 Testing PSI: 0  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 473764 Flowline Type: Production Line Action Type: Registration

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

Latitude: 39.766382 Longitude: -102.974575 PDOP: 1.0 Measurement Date: 09/10/2019  
Equipment at End Point Riser: Tank

**Flowline Start Point Location Identification**

Location ID: 317135 Location Type: Production Facilities ☐ No Location ID  
Name: CHRISTIANSON B-63S50W Number: 27NENW  
County: WASHINGTON  
Qtr Qtr: NENW Section: 27 Township: 3S Range: 50W Meridian: 6  
Latitude: 39.769880 Longitude: -102.965260

**Flowline Start Point Riser**

Latitude: 39.767984 Longitude: -102.967274 PDOP: 1.0 Measurement Date: 09/10/2019  
Equipment at Start Point Riser: Manifold

**Flowline Description and Testing**

Type of Fluid Transferred: Produced Water Pipe Material: Fiberglass Max Outer Diameter:(Inches) 3.000  
Bedding Material: \_\_\_\_\_ Date Construction Completed: 01/16/1989  
Maximum Anticipated Operating Pressure (PSI): 0 Testing PSI: 0  
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: 10/01/2019 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: 3/17/2020

**Attachment Check List**

**Att Doc Num**

**Name**

402194289

Form44 Submitted

Total Attach: 1 Files