

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION Receive Date: 01/02/2020 Document Number: 402276316

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: 10330 Contact Person: Jim Chisholm Company Name: INVESTMENT EQUIPMENT LLC Phone: (405) 642-9437 Address: 412 W PLATTE AVE Email: investmentequipment@gmail.com City: FT MORGAN State: CO Zip: 80701 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 [X] No [ ]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 312301 Location Type: Well Site Name: COLORADO-66N52W Number: 10SWSW County: LOGAN Qtr Qtr: SWSW Section: 10 Township: 6N Range: 52W Meridian: 6 Latitude: 40.497131 Longitude: -103.177342

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 467566 Flowline Type: Wellhead Line Action Type: Abandonment Verification

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.496710 Longitude: -103.177130 PDOP: 3.8 Measurement Date: 09/11/2019 Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 312301 Location Type: Well Site [ ] No Location ID Name: COLORADO-66N52W Number: 10SWSW County: LOGAN Qtr Qtr: SWSW Section: 10 Township: 6N Range: 52W Meridian: 6 Latitude: 40.497131 Longitude: -103.177342

Flowline Start Point Riser

Latitude: 40.496372 Longitude: -103.177557 PDOP: 3.7 Measurement Date: 09/11/2019 Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000  
Bedding Material: Native Materials Date Construction Completed: 06/07/1993  
Maximum Anticipated Operating Pressure (PSI): 35 Testing PSI: 65  
Test Date: 08/25/2019

**OFF LOCATION FLOWLINE REMOVAL FROM SERVICE**

Date: 12/13/2019

**Description of Removal from Service**

Flushed out line with water, capped and buried at both ends.

**OPERATOR COMMENTS AND SUBMITTAL**

Comments

[Empty text box for operator comments]

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

Signed: \_\_\_\_\_ Date: 01/02/2020 Email: investmentequipment@gmail.com

Print Name: Jim Chisholm Title: Managing Member

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: 3/25/2020

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
402276316	Form44 Submitted

Total Attach: 1 Files