

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION Receive Date: 10/20/2019 Document Number: 402215011

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: 10690 Contact Person: Sam Bradley Company Name: IMPETRO RESOURCES LLC Phone: (970) 593-8626 Address: 2820 LOGAN DRIVE Email: sbradley.impetro@gmail.com City: LOVELAND State: CO Zip: 80538 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: 317277 Location Type: Production Facilities Name: WALTERS-62N49W Number: 21SWNW County: WASHINGTON Qtr Qtr: SWNW Section: 21 Township: 2N Range: 49W Meridian: 6 Latitude: 40.127556 Longitude: -102.866509

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.133736 Longitude: -102.865648 PDOP: Measurement Date: 10/16/2019 Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 237704 Location Type: Well Site [] No Location ID Name: WALTERS Number: 12-21 County: WASHINGTON Qtr Qtr: SWNW Section: 21 Township: 2N Range: 49W Meridian: 6 Latitude: 40.127620 Longitude: -102.866760

Flowline Start Point Riser

Latitude: 40.127620 Longitude: -102.866760 PDOP: Measurement Date: 10/16/2019 Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: _____ Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 08/07/1985
Maximum Anticipated Operating Pressure (PSI): 55 Testing PSI: 55
Test Date: 10/16/2019

OPERATOR COMMENTS AND SUBMITTAL

Comments

Please see attached layout and pressure test.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 10/20/2019 Email: sbradley.impetro@gmail.com

Print Name: Sam Bradley 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: _____

Attachment Check List

Att Doc Num	Name
402215013	FLOWLINE LAYOUT DRAWING
402215014	PRESSURE TEST

Total Attach: 2 Files