

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION Receive Date: 10/30/2019 Document Number: 402168214

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: 10312 Contact Person: Ward Giltner Company Name: PROSPECT ENERGY LLC Phone: (303) 489-8772 Address: 1036 COUNTRY CLUB ESTATES DR Email: prospectenergy@icloud.com City: CASTLE ROCK State: CO Zip: 80108 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: 307144 Location Type: Well Site Name: GREGG-LANDERS-65N68W Number: 20SESE County: LARIMER Qtr Qtr: SESE Section: 20 Township: 5N Range: 68W Meridian: 6 Latitude: 40.380473 Longitude: -105.023559

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: Flowline Type: Process Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.641114 Longitude: -105.036184 PDOP: 3.9 Measurement Date: 09/15/2010 Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: Location Type: Manifold [X] No Location ID Name: Krause Injection Plant Number: County: LARIMER Qtr Qtr: SENW Section: 19 Township: 8N Range: 68W Meridian: 6 Latitude: 40.648778 Longitude: -105.051189

Flowline Start Point Riser

Latitude: 40.648778 Longitude: -105.051189 PDOP: 2.2 Measurement Date: 09/09/2010 Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: Produced Water Pipe Material: Steel Max Outer Diameter:(Inches) 2.500
Bedding Material: Native Materials Date Construction Completed: 05/27/1988
Maximum Anticipated Operating Pressure (PSI): 1300 Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Flowline has isolation valve and then leads to MSSU 19-8 and 19-9 (Location ID 333078).

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 10/30/2019 Email: griggs.mary@comcast.net
Print Name: Mary C Griggs Title: Environmental Consultant

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
402224192	FLOWLINE LAYOUT DRAWING

Total Attach: 1 Files