

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION Receive Date: 10/21/2019 Document Number: 402214812

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: 10672 Contact Person: Brook Storhaug Company Name: TIMBER CREEK OPERATING LLC Phone: (720) 5178846 Address: 6295 GREENWOOD PLAZA BLVD #100 Email: brookstorhaug@tcenergyllc.com City: GREENWOOD State: CO Zip: 8111-4978 VILLAGE 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: Location Type: Compressor Station Name: HILL RANCH #1 COMPRESSOR STAITON Number: County: LAS ANIMAS Qtr Qtr: NWNW Section: 28 Township: 34S Range: 67W Meridian: 6 Latitude: 37.058367 Longitude: -104.886796

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 37.058469 Longitude: -104.887182 PDOP: Measurement Date: 03/03/2018 Equipment at End Point Riser: Compressor

Flowline Start Point Location Identification

Location ID: 452976 Location Type: Gathering Line [] No Location ID Name: HILL RANCH #2 COMPRESSOR STATION Number: County: LAS ANIMAS Qtr Qtr: NWSW Section: 28 Township: 34S Range: 67W Meridian: 6 Latitude: 37.052270 Longitude: -104.899600

Flowline Start Point Riser

Latitude: 37.052222 Longitude: -104.899578 PDOP: Measurement Date: 06/28/2018 Equipment at Start Point Riser: Meter

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 16.000
Bedding Material: Native Materials Date Construction Completed: 01/01/1992
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 37.058469 Longitude: -104.887182 PDOP: _____ Measurement Date: 03/03/2018
Equipment at End Point Riser: Compressor

Flowline Start Point Location Identification

Location ID: _____ Location Type: _____ Gathering Line _____ No Location ID
Name: HILL RANCH #3 COMPRESSOR STATION Number: _____
County: LAS ANIMAS
Qtr Qtr: SWNW Section: 8 Township: 35S Range: 67W Meridian: 6
Latitude: 37.010427 Longitude: -104.911154

Flowline Start Point Riser

Latitude: 37.010428 Longitude -104.911192 PDOP: _____ Measurement Date: 03/13/2018
Equipment at Start Point Riser: Meter

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 16.000
Bedding Material: Native Materials Date Construction Completed: 01/01/1992
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 37.058469 Longitude: -104.887182 PDOP: _____ Measurement Date: 03/03/2018
Equipment at End Point Riser: Compressor

Flowline Start Point Location Identification

Location ID: _____ Location Type: _____ Gathering Line _____ No Location ID
Name: HILL RANCH #4 COMRPRESSOR STATION Number: _____
County: LAS ANIMAS
Qtr Qtr: NENW Section: 10 Township: 35S Range: 67W Meridian: 6
Latitude: 37.018342 Longitude: -104.876759

Flowline Start Point Riser

Latitude: 37.018353 Longitude -104.876643 PDOP: _____ Measurement Date: 07/11/2018

Equipment at Start Point Riser: Meter

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 16.000

Bedding Material: Native Materials Date Construction Completed: 01/01/1992

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

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: 10/21/2019 Email: brookstorhaug@tcenergyllc.com

Print Name: Brook Storhaug Title: GIS

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