

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: 10/28/2019 Document Number: 402223870

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 (CO811) that participates in Colorado's One Call notification system? Yes [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 474166 Location Type: Compressor Station Name: APACHE CANYON #6 COMPRESSOR STATION Number: County: LAS ANIMAS Qtr Qtr: NESW Section: 4 Township: 34S Range: 67W Meridian: 6 Latitude: 37.110920 Longitude: -104.895730

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 474974 Flowline Type: Process Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 37.110902 Longitude: -104.895762 PDOP: Measurement Date: 05/03/2018 Equipment at End Point Riser: Compressor

Flowline Start Point Location Identification

Location ID: 308667 Location Type: Gathering Line [] No Location ID Name: GOLDEN EAGLE #5 COMPRESSOR STATION Number: County: LAS ANIMAS Qtr Qtr: SWNW Section: 34 Township: 33S Range: 67W Meridian: 6 Latitude: 37.129998 Longitude: -104.882917

Flowline Start Point Riser

Latitude: 37.129998 Longitude: -104.882958 PDOP: Measurement Date: 06/28/2018 Equipment at Start Point Riser: Meter

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE 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: 10/28/2019 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: 4/6/2020

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402223870	Form44 Submitted
402223881	OFF-LOCATION FLOWLINE GEODATABASE GDB

Total Attach: 2 Files