

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION Receive Date: 10/28/2019 Document Number: 402223882

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: GOLDEN EAGLE #6 COMPRESSOR STATION Number: County: LAS ANIMAS Qtr Qtr: SWSE Section: 29 Township: 33S Range: 67W Meridian: 6 Latitude: 37.142820 Longitude: -104.907720

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 37.142792 Longitude: -104.907731 PDOP: Measurement Date: 05/11/2018 Equipment at End Point Riser: Compressor

Flowline Start Point Location Identification

Location ID: Location Type: Gathering Line [X] 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) 12.750
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: _____

Attachment Check List

Att Doc Num	Name
402223883	OFF-LOCATION FLOWLINE GEODATABASE GDB

Total Attach: 1 Files