

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: 10/14/2019 Document Number: 402208391

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: 9006 Contact Person: Lisa Lawton Company Name: BOOCO'S CONTRACT SERVICES INC Phone: (970) 276-3887 Address: P O BOX 572 Email: boocosinc@aol.com City: HAYDEN State: CO Zip: 81639 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: 316756 Location Type: Well Site Name: ROUTT BONANZA-67N87W Number: 22SENE County: ROUTT Qtr Qtr: SENE Section: 22 Township: 7N Range: 87W Meridian: 6 Latitude: 40.550480 Longitude: -107.129137

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475040 Flowline Type: Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.550914 Longitude: -107.129251 PDOP: Measurement Date: 10/10/1998 Equipment at End Point Riser: Tank

Flowline Start Point Location Identification

Location ID: 316751 Location Type: Well Site [] No Location ID Name: SMITH RANCHO-67N87W Number: 14SWNW County: ROUTT Qtr Qtr: SWNW Section: 14 Township: 7N Range: 87W Meridian: 6 Latitude: 40.564730 Longitude: -107.121076

Flowline Start Point Riser

Latitude: 40.564870 Longitude: -107.121121 PDOP: Measurement Date: 10/02/1998 Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.800
Bedding Material: Native Materials Date Construction Completed: 12/19/1976
Maximum Anticipated Operating Pressure (PSI): 0 Testing PSI: 0
Test Date: 05/15/1995

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: 10/14/2019 Email: boocosinc@aol.com

Print Name: Lisa Lawton Title: Office Manager

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: 4/7/2020

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402208391	Form44 Submitted

Total Attach: 1 Files