

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION Receive Date: 03/29/2020 Document Number: 402222558

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: 10690 Contact Person: Sam Bradley Company Name: IMPETRO RESOURCES LLC Phone: (970) 593-8626 Address: 2820 LOGAN DRIVE Email: sbradley.impetro@gmail.com City: LOVELAND State: CO Zip: 80538 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: 435081 Location Type: Production Facilities Name: MARICK BATTERY Number: County: WASHINGTON Qtr Qtr: SWSE Section: 3 Township: 3S Range: 52W Meridian: 6 Latitude: 39.814049 Longitude: -103.190975

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 474544 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.814052 Longitude: -103.190672 PDOP: Measurement Date: 10/18/2019 Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 317281 Location Type: Well Site [] No Location ID Name: MARICK STATE-63S52W Number: 3SWSE County: WASHINGTON Qtr Qtr: SWSE Section: 3 Township: 3S Range: 52W Meridian: 6 Latitude: 39.815539 Longitude: -103.188427

Flowline Start Point Riser

Latitude: 39.815573 Longitude: -103.188250 PDOP: Measurement Date: 10/18/2019 Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
 Bedding Material: Native Materials Date Construction Completed: 12/24/1985
 Maximum Anticipated Operating Pressure (PSI): 60 Testing PSI: 65
 Test Date: 10/18/2019

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: 03/29/2020 Email: sbradley.impetro@gmail.com

Print Name: Sam Bradley Title: Managing Member

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: 4/8/2020

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402222558	Form44 Submitted
402222559	PRESSURE TEST
402222560	FLOWLINE LAYOUT DRAWING

Total Attach: 3 Files