

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

10/29/2019

Document Number:

402222915

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: 31257 Contact Person: Gene Fritzler
Company Name: FRITZLER RESOURCES INC Phone: (970) 7680845
Address: P O BOX 114 Email: gfritzler12@gmail.com
City: FORT MORGAN State: CO Zip: 80701
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 ☐ No ☒

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 316940 Location Type: Production Facilities
Name: BEN-63S53W Number: 30SENE
County: WASHINGTON
Qtr Qtr: SENE Section: 30 Township: 3S Range: 53W Meridian: 6
Latitude: 39.763002 Longitude: -103.351505

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475115 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.763540 Longitude: -103.352270 PDOP: 1.4 Measurement Date: 10/21/2019
Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 316940 Location Type: Well Site ☐ No Location ID
Name: BEN-63S53W Number: 30SENE
County: WASHINGTON
Qtr Qtr: SENE Section: 30 Township: 3S Range: 53W Meridian: 6
Latitude: 39.763002 Longitude: -103.351505

Flowline Start Point Riser

Latitude: 39.763002 Longitude: -103.351505 PDOP: 1.8 Measurement Date: 06/07/2008
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000
Bedding Material: Native Materials Date Construction Completed: 09/12/1960
Maximum Anticipated Operating Pressure (PSI): 60 Testing PSI: 60
Test Date: 10/26/2019

OPERATOR COMMENTS AND SUBMITTAL

Comments Tier One application in process

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 10/29/2019 Email: gfritzler12@gmail.com

Print Name: Gene Fritzler

Title: vp

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: 4/9/2020

Attachment Check List**Att Doc Num****Name**

402222915	Form44 Submitted
402222916	AERIAL PHOTO

Total Attach: 2 Files