

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION Receive Date: 03/29/2020 Document Number: 402222576

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: 403355 Location Type: Production Facilities Name: TUTTLE-WALKER-62N54W Number: 32NENW County: WASHINGTON Qtr Qtr: NENW Section: 32 Township: 2N Range: 54W Meridian: 6 Latitude: 40.100604 Longitude: -103.447348

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475202 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.103227 Longitude: -103.446746 PDOP: Measurement Date: 10/19/2019 Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 317034 Location Type: Well Site [ ] No Location ID Name: WALKER\*RUTH-62N54W Number: 32SENW County: WASHINGTON Qtr Qtr: SENW Section: 32 Township: 2N Range: 54W Meridian: 6 Latitude: 40.097884 Longitude: -103.446088

Flowline Start Point Riser

Latitude: 40.097880 Longitude: -103.446080 PDOP: Measurement Date: 10/19/2019 Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: HDPE Max Outer Diameter:(Inches) 3.000  
 Bedding Material: Native Materials Date Construction Completed: 09/18/1985  
 Maximum Anticipated Operating Pressure (PSI): 30 Testing PSI: 35  
 Test Date: 10/19/2019

**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: 4/10/2020

**Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
402222576	Form44 Submitted
402222578	PRESSURE TEST
402222580	FLOWLINE LAYOUT DRAWING

Total Attach: 3 Files