

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION Receive Date: 10/26/2019 Document Number: 402222632

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 (UNCC) that participates in Colorado's One Call notification system? Yes [X] No [ ]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 317354 Location Type: Production Facilities Name: CHRISTIANSON-63S50W Number: 12NWNE County: WASHINGTON Qtr Qtr: NWNE Section: 12 Township: 3S Range: 50W Meridian: 6 Latitude: 39.813300 Longitude: -102.923039

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.814154 Longitude: -102.925030 PDOP: Measurement Date: 10/21/2019 Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 264914 Location Type: Well Site [ ] No Location ID Name: CHRISTIANSON Number: 31A-12 County: WASHINGTON Qtr Qtr: NWNE Section: 12 Township: 3S Range: 50W Meridian: 6 Latitude: 39.813396 Longitude: -102.923108

Flowline Start Point Riser

Latitude: 39.813396 Longitude: -102.923108 PDOP: Measurement Date: 10/21/2019 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: 10/28/2002  
Maximum Anticipated Operating Pressure (PSI): 60 Testing PSI: 65  
Test Date: 10/21/2019

**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: 10/26/2019 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: \_\_\_\_\_

**Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>
402222633	PRESSURE TEST
402222634	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files