

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION Receive Date: 10/31/2019 Document Number: 402227515

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: 24500 Contact Person: Dan Richmond Company Name: PADCO LLC Phone: (918) 630-9912 Address: P O BOX 5275 Email: dan@dsrinc.net City: BEVERLY HILLS State: CA Zip: 90209-5275 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: 317051 Location Type: Production Facilities Name: MILLER-REDIESS-63N54W Number: 23SESE County: WASHINGTON Qtr Qtr: SESE Section: 23 Township: 3N Range: 54W Meridian: 6 Latitude: 40.207183 Longitude: -103.381016

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.206299 Longitude: -103.382945 PDOP: 1.0 Measurement Date: 09/10/2019 Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 317051 Location Type: Well Site [] No Location ID Name: MILLER-REDIESS-63N54W Number: 23SESE County: WASHINGTON Qtr Qtr: SESE Section: 23 Township: 3N Range: 54W Meridian: 6 Latitude: 40.207183 Longitude: -103.381016

Flowline Start Point Riser

Latitude: 40.207140 Longitude: -103.381040 PDOP: 1.0 Measurement Date: 09/10/2019 Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: HDPE Max Outer Diameter:(Inches) _____
Bedding Material: Native Materials Date Construction Completed: 10/15/1983
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

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: 10/31/2019 Email: dan@dsrinc.net

Print Name: Dan Richmond Title: Field Operations Super

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

Att Doc Num	Name

Total Attach: 0 Files