

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:

402225706

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: 10695 Contact Person: Case Behrens
Company Name: BEHRENS RESOURCES INC Phone: (303) 810-6349
Address: PO BOX 188 Email: cebehrens71@gmail.com
City: DEER TRAIL State: CO Zip: 80135
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: 320123 Location Type: Production Facilities
Name: BLICK-FARMS-61S62W Number: 6NENE
County: ADAMS
Qtr Qtr: NENE Section: 6 Township: 1S Range: 62W Meridian: 6
Latitude: 39.998861 Longitude: -104.361385

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475495 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.000575 Longitude: -104.361461 PDOP: Measurement Date: 03/01/1983
Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 320123 Location Type: Well Site ☐ No Location ID
Name: BLICK-FARMS-61S62W Number: 6NENE
County: ADAMS
Qtr Qtr: NENE Section: 6 Township: 1S Range: 62W Meridian: 6
Latitude: 39.998861 Longitude: -104.361385

Flowline Start Point Riser

Latitude: 39.998861 Longitude: -104.361385 PDOP: Measurement Date: 03/01/1983
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: 03/01/1983
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475496 Flowline Type: Process Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.000575 Longitude: -104.361461 PDOP: _____ Measurement Date: 03/01/1983
Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 475494 Location Type: Gathering Line ☐ No Location ID
Name: Blick Farms Number: 1-6
County: WELD
Qtr Qtr: NENE Section: 31 Township: 1N Range: 62W Meridian: 6
Latitude: 40.015015 Longitude: -104.357825

Flowline Start Point Riser

Latitude: 40.015015 Longitude: -104.357825 PDOP: _____ Measurement Date: 03/01/1983
Equipment at Start Point Riser: Meter

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: polypipe Max Outer Diameter:(Inches) 3.000
Bedding Material: Native Materials Date Construction Completed: 03/01/1983
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Line was constructed before May 1, 2018. Line material and size is unknown, but predicted to be carbon steel between well and treater. Line material and size is unknown, but predicted to be poly pipe between treater and meter. Line between well and treater should be straight trajectory. Line between treater and meter maybe straight or follow section line.

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: cebehrens71@gmail.com

Print Name: Case Behrens Title: pumper

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: 4/18/2020

Attachment Check List

Att Doc Num**Name**

402225706

Form44 Submitted

Total Attach: 1 Files