

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION Receive Date: 10/29/2019 Document Number: 402225736

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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 475515 Location Type: Well Site Name: SCHMIDT-65S62W Number: 8NENE County: ARAPAHOE Qtr Qtr: NENE Section: 8 Township: 5S Range: 62W Meridian: 6 Latitude: 39.636500 Longitude: -104.345825

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475517 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.636500 Longitude: -104.345825 PDOP: Measurement Date: 09/19/2019 Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 320643 Location Type: Well Site [] No Location ID Name: SCHMIDT-65S62W Number: 8NENE County: ARAPAHOE Qtr Qtr: NENE Section: 8 Township: 5S Range: 62W Meridian: 6 Latitude: 39.635146 Longitude: -104.344162

Flowline Start Point Riser

Latitude: 39.635146 Longitude: -104.344162 PDOP: Measurement Date: 09/19/2019 Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: Fiberglass Max Outer Diameter:(Inches) 3.000
Bedding Material: Native Materials Date Construction Completed: 04/29/1972
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475518 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.636500 Longitude: -104.345825 PDOP: _____ Measurement Date: 09/19/2019
Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 320684 Location Type: _____ Well Site No Location ID
Name: SCHMIDT-65S62W Number: 8NENW
County: ARAPAHOE
Qtr Qtr: NENW Section: 8 Township: 5S Range: 62W Meridian: 6
Latitude: 39.635066 Longitude: -104.353532

Flowline Start Point Riser

Latitude: 39.635066 Longitude -104.353532 PDOP: _____ Measurement Date: 09/19/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: Fiberglass Max Outer Diameter:(Inches) 3.000
Bedding Material: Native Materials Date Construction Completed: 08/01/1972
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Lines where constructed before May 1, 2018. Line size and materials is unknown. Both flowlines are thought to go straight from wellhead to treater.

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 Bebhrens 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**

402225736	Form44 Submitted
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Total Attach: 1 Files