

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: 402225738

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: 475516 Location Type: Well Site Name: STATE-CRAIG-65S62W Number: 16NWSE County: ARAPAHOE Qtr Qtr: NESE Section: 16 Township: 5S Range: 62W Meridian: 6 Latitude: 39.614916 Longitude: -104.323692

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475519 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.614916 Longitude: -104.323692 PDOP: Measurement Date: 09/19/2019 Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 320746 Location Type: Well Site [] No Location ID Name: STATE-CRAIG-65S62W Number: 16NWSE County: ARAPAHOE Qtr Qtr: NWSE Section: 16 Township: 5S Range: 62W Meridian: 6 Latitude: 39.613416 Longitude: -104.330501

Flowline Start Point Riser

Latitude: 39.613416 Longitude: -104.330501 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: polypipe Max Outer Diameter:(Inches) 3.000
Bedding Material: Native Materials Date Construction Completed: 11/03/1983
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475520 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.614916 Longitude: -104.323592 PDOP: _____ Measurement Date: 09/19/2019
Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 320751 Location Type: _____ Well Site No Location ID
Name: STATE-CRAIG-65S62W Number: 16SWSE
County: ARAPAHOE
Qtr Qtr: SWSE Section: 16 Township: 5S Range: 62W Meridian: 6
Latitude: 39.609796 Longitude: -104.330541

Flowline Start Point Riser

Latitude: 39.609796 Longitude -104.330541 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: polypipe Max Outer Diameter:(Inches) 3.000
Bedding Material: Native Materials Date Construction Completed: 07/15/1984
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Lines were constructed before May 1, 2018. Line size and materials are 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 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**

402225738	Form44 Submitted
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Total Attach: 1 Files