

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:

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 ☒ 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

Total Attach: 1 Files