

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: 10/23/2019 Document Number: 402219213

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: 53255 Contact Person: Jim Graves Company Name: MARALEX RESOURCES INC Phone: (970) 712-0099 Address: P O BOX 338 Email: mrinc20@qwestoffice.net City: IGNACIO State: CO Zip: 81137 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: 322436 Location Type: Production Facilities Name: BALDY CREEK-FEDERAL-67S90W Number: 20NWNE County: GARFIELD Qtr Qtr: NWNE Section: 20 Township: 7S Range: 90W Meridian: 6 Latitude: 39.435293 Longitude: -107.462296

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475632 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.435287 Longitude: -107.462274 PDOP: 1.8 Measurement Date: 11/04/2010 Equipment at End Point Riser: Meter

Flowline Start Point Location Identification

Location ID: 322445 Location Type: Well Site [] No Location ID Name: BALDY CREEK FEDERAL-67S90W Number: 28SWNW County: GARFIELD Qtr Qtr: SWNW Section: 28 Township: 7S Range: 90W Meridian: 6 Latitude: 39.418653 Longitude: -107.452046

Flowline Start Point Riser

Latitude: 39.418747 Longitude: -107.451855 PDOP: 1.9 Measurement Date: 11/04/2010 Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.375
Bedding Material: _____ Date Construction Completed: 01/01/1980
Maximum Anticipated Operating Pressure (PSI): 800 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: 10/23/2019 Email: mrinc20@qwestoffice.net

Print Name: Jim Graves Title: Operations Manager

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: 4/22/2020

Attachment Check List

Att Doc Num

Name

402219213	Form44 Submitted
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Total Attach: 1 Files