

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:

10/30/2019

Document Number:

402225874

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: Jordan Reid
Company Name: MARALEX RESOURCES INC Phone: (970) 5634000
Address: P O BOX 338 Email: maralextechjr@gmail.com
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 ☒ No ☐

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 306988 Location Type: Well Site
Name: FLORIDA G.U.-N33N9W Number: 30NWSE
County: LA PLATA
Qtr Qtr: NWSE Section: 30 Township: 33N Range: 9W Meridian: N
Latitude: 37.072602 Longitude: -107.863563

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475635 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 37.072692 Longitude: -107.863566 PDOP: Measurement Date: 09/16/2019
Equipment at End Point Riser: Meter

Flowline Start Point Location Identification

Location ID: 306988 Location Type: Well Site ☐ No Location ID
Name: FLORIDA G.U.-N33N9W Number: 30NWSE
County: LA PLATA
Qtr Qtr: NWSE Section: 30 Township: 33N Range: 9W Meridian: N
Latitude: 37.072602 Longitude: -107.863563

Flowline Start Point Riser

Latitude: 37.071643 Longitude: -107.866949 PDOP: Measurement Date: 09/16/2019
Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) _____
Bedding Material: Native Materials Date Construction Completed: 03/31/2009
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

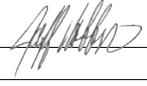
Comments

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 10/30/2019 Email: maralextechjr@gmail.com

Print Name: Jordan Reid Title: Production Technician

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

<u>Att Doc Num</u>	<u>Name</u>
402225874	Form44 Submitted
402226136	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files