

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:

402226998

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: 17320 Contact Person: JULIE BRANTING
Company Name: CITY & COUNTY OF DENVER Phone: (303) 638-7484
Address: 8500 PENA BLVD CONCOUR A #4385 Email: PETROPRO@COMCAST.NET
City: DENVER State: CO Zip: 80249
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: 320272 Location Type: Production Facilities
Name: LIBERTY-63S65W Number: 11SWNE
County: ADAMS
Qtr Qtr: SWNE Section: 11 Township: 3S Range: 65W Meridian: 6
Latitude: 39.806922 Longitude: -104.628642

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475838 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATIONFlowline End Point Riser

Latitude: 39.803170 Longitude: -104.625510 PDOP: 1.5 Measurement Date: 10/01/2019
Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 320272 Location Type: Well Site ☐ No Location ID
Name: LIBERTY-63S65W Number: 11SWNE
County: ADAMS
Qtr Qtr: SWNE Section: 11 Township: 3S Range: 65W Meridian: 6
Latitude: 39.806922 Longitude: -104.628642

Flowline Start Point Riser

Latitude: 39.806880 Longitude: -104.628140 PDOP: 1.4 Measurement Date: 09/11/2009
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: UNKNOWN Max Outer Diameter:(Inches) 2.000
Bedding Material: UNKNOWN Date Construction Completed: 06/01/1987
Maximum Anticipated Operating Pressure (PSI): 80 Testing PSI: 75
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

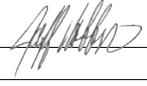
Comments

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: PETROPRO@COMCAST.NET

Print Name: JULIE BRANTING Title: AGENT

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: 4/27/2020

Attachment Check List**Att Doc Num****Name**

402226998

Form44 Submitted

Total Attach: 1 Files