

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: 10/30/2019 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 [X] 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 REGISTRATION

Flowline 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**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
402226998	Form44 Submitted

Total Attach: 1 Files