

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: 11/01/2019 Document Number: 402226846

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: 10691 Contact Person: Taylor Heffner Company Name: PHOENIX RESOURCES LLC Phone: (303) 219-3362 Address: 5566 S SYCAMORE STREET Email: theffner@phxresources.com City: LITTLETON State: CO Zip: 80120 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: 475875 Location Type: Production Facilities Name: JOLLY-63S55W Number: 6NWNE County: ROUTT Qtr Qtr: NWNE Section: 6 Township: 3S Range: 55W Meridian: 6 Latitude: 39.827235 Longitude: -103.582501

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475877 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.827235 Longitude: -103.582501 PDOP: Measurement Date: 10/03/2019 Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 317247 Location Type: Well Site [] No Location ID Name: CHARLES JOLLY-63S55W Number: 6SENE County: WASHINGTON Qtr Qtr: SENE Section: 6 Township: 3S Range: 55W Meridian: 6 Latitude: 39.822487 Longitude: -103.574299

Flowline Start Point Riser

Latitude: 39.822687 Longitude: -103.574300 PDOP: Measurement Date: 10/03/2019 Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 06/09/1983
Maximum Anticipated Operating Pressure (PSI): 30 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: 11/01/2019 Email: theffner@phxresources.com

Print Name: Taylor Heffner Title: Partner

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

<u>Att Doc Num</u>	<u>Name</u>
402226846	Form44 Submitted
402226854	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files