

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:

11/01/2019

Document Number:

402226330

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 (UNCC) that participates in Colorado's One Call notification system? Yes ☒ No ☐

OFF LOCATION FLOWLINE**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 317095 Location Type: Production Facilities
Name: ATKINSON-CHENOWETH Flowline Number: 4
County: WASHINGTON
Qtr Qtr: NENE Section: 30 Township: 3S Range: 56W Meridian: 6
Latitude: 39.767394 Longitude: -103.687430

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 39.767394 Longitude: -103.687430 PDOP: Measurement Date: 10/03/2019
Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 317095 Location Type: Well Site ☐ No Location ID
Name: ATKINSON-CHENOWETH-63S56W Number: 30NENE
County: WASHINGTON
Qtr Qtr: NENE Section: 30 Township: 3S Range: 56W Meridian: 6
Latitude: 39.767350 Longitude: -103.689500

Flowline Start Point Riser

Latitude: 39.767356 Longitude: -103.689520 PDOP: Measurement Date: 10/03/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 02/16/1972
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: _____

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

402226330	Form44 Submitted
402226358	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files