

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION Receive Date: 01/16/2020 Document Number: 402284948

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: 10713 Contact Person: Mike Atterbury Company Name: DARRAH OIL COMPANY LLC Phone: (316) 9905919 Address: 125 N MARKET STE 1425 Email: mike.atterbury@darrahoil.com City: WICHITA State: KS Zip: 67202 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: 321618 Location Type: Production Facilities Name: LOWE-ARNOLD-615S46W Number: 26NENE County: CHEYENNE Qtr Qtr: NENE Section: 26 Township: 15S Range: 46W Meridian: 6 Latitude: 38.721467 Longitude: -102.519909

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475915 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 38.720709 Longitude: -102.519685 PDOP: 2.4 Measurement Date: 10/20/2015 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321939 Location Type: Well Site No Location ID Name: LOWE ARNOLD-615S46W Number: 26NWNE County: CHEYENNE Qtr Qtr: NWNE Section: 26 Township: 15S Range: 46W Meridian: 6 Latitude: 38.719407 Longitude: -102.524069

Flowline Start Point Riser

Latitude: 38.719457 Longitude: -102.524086 PDOP: 2.4 Measurement Date: 09/21/2015 Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: Fiberglass Max Outer Diameter:(Inches) _____
 Bedding Material: Native Materials Date Construction Completed: 08/28/2001
 Maximum Anticipated Operating Pressure (PSI): 100 Testing PSI: 102
 Test Date: 01/14/2020

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: 01/16/2020 Email: mike.atterbury@darrahoil.com

Print Name: Mike Atterbury Title: Land Management

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: 4/28/2020

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402284948	Form44 Submitted
402284997	FLOWLINE LAYOUT DRAWING
402287256	PRESSURE TEST

Total Attach: 3 Files