

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: 10/23/2019 Document Number: 402218175

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: 10456 Contact Person: Jason Eckman Company Name: CAERUS PICEANCE LLC Phone: (970) 285-2656 Address: 1001 17TH STREET #1600 Email: jeckman@caerusoilandgas.com City: DENVER State: CO Zip: 80202 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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: Location Type: Production Facilities Name: Murray Facility Number: County: GARFIELD Qtr Qtr: SWSW Section: 1 Township: 8S Range: 96W Meridian: 6 Latitude: 39.375439 Longitude: -108.062768

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.375363 Longitude: -108.062538 PDOP: Measurement Date: 06/11/2018 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 334086 Location Type: Well Site [] No Location ID Name: MURRAY-68S96W Number: 1SESW County: GARFIELD Qtr Qtr: SESW Section: 1 Township: 8S Range: 96W Meridian: 6 Latitude: 39.374969 Longitude: -108.058623

Flowline Start Point Riser

Latitude: 39.374836 Longitude: -108.058653 PDOP: Measurement Date: 06/11/2018 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: 06/01/2005
Maximum Anticipated Operating Pressure (PSI): 700 Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.375430 Longitude: -108.062531 PDOP: _____ Measurement Date: 06/11/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 334182 Location Type: _____ Well Site No Location ID
Name: MURRAY-68S96W Number: 1SWSW
County: GARFIELD
Qtr Qtr: SWSW Section: 1 Township: 8S Range: 96W Meridian: 6
Latitude: 39.374600 Longitude: -108.063693

Flowline Start Point Riser

Latitude: 39.374600 Longitude -108.063693 PDOP: _____ Measurement Date: 06/11/2018
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: 04/30/2006
Maximum Anticipated Operating Pressure (PSI): 700 Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

M1-6 flowlines are present in the same trench
N1-2 flowlines are present in the same trench

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 10/23/2019 Email: jeckman@caerusoilandgas.com
Print Name: Jason Eckman Title: Regulatory Analyst Lead

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**

402218214	OFF-LOCATION FLOWLINE GEODATABASE SHP
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Total Attach: 1 Files