

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:

10/10/2019

Document Number:

402178708

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: 10112 Contact Person: ALYSSA BEARD  
Company Name: FOUNDATION ENERGY MANAGEMENT LLC Phone: (303) 244-8114  
Address: 5057 KELLER SPRINGS RD STE 650 Email: FORM44@FOUNDATIONENERGY.COM  
City: ADDISON State: TX Zip: 75001  
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: 326746 Location Type: Well Site  
Name: SOONER UNIT-68N58W Number: 17SESE  
County: WELD  
Qtr Qtr: SESE Section: 17 Township: 8N Range: 58W Meridian: 6  
Latitude: 40.656556 Longitude: -103.879696

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 476095 Flowline Type: Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.656567 Longitude: -103.879841 PDOP: 1.0 Measurement Date: 07/02/2019  
Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 455471 Location Type: Production Facilities  No Location ID  
Name: Sooner North TB Number:  
County: WELD  
Qtr Qtr: NENW Section: 21 Township: 8N Range: 58W Meridian: 6  
Latitude: 40.652124 Longitude: -103.870115

Flowline Start Point Riser

Latitude: 40.652079 Longitude: -103.870024 PDOP: 1.0 Measurement Date: 07/02/2019  
Equipment at Start Point Riser: Tank

**Flowline Description and Testing**

Type of Fluid Transferred: Multiphase Pipe Material: Fiberglass Max Outer Diameter:(Inches) 3.000  
Bedding Material: Native Materials Date Construction Completed: 06/16/2006  
Maximum Anticipated Operating Pressure (PSI): 2200 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: 10/10/2019 Email: FORM44@FOUNDATIONENERGY.COM

Print Name: ALYSSA BEARD Title: EHSR MANAGER

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: 5/1/2020

**Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
402178708	Form44 Submitted

Total Attach: 1 Files