

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:

10/28/2019

Document Number:

402223879

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: 10651 Contact Person: Michael Cugnetti
Company Name: VERDAD RESOURCES LLC Phone: (720) 8456901
Address: 5950 CEDAR SPRINGS ROAD Email: mcugnetti@verdadoil.com
City: DALLAS State: TX Zip: 75235
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: 320197 Location Type: Production Facilities
Name: GREAT WESTERN TRACY Number: 1
County: ADAMS
Qtr Qtr: SWSE Section: 18 Township: 1S Range: 65W Meridian: 6
Latitude: 39.960550 Longitude: -104.703396

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.960304 Longitude: -104.703407 PDOP: 1.3 Measurement Date: 09/13/2019
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 320209 Location Type: Production Facilities ☐ No Location ID
Name: GREAT WESTERN PETE ROCK Number: 1
County: ADAMS
Qtr Qtr: SESW Section: 13 Township: 1S Range: 66W Meridian: 6
Latitude: 39.960760 Longitude: -104.727657

Flowline Start Point Riser

Latitude: 39.961073 Longitude: -104.727401 PDOP: 2.2 Measurement Date: 09/13/2019
Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 10/01/1984
Maximum Anticipated Operating Pressure (PSI): _____ 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: 10/28/2019 Email: mcugnetti@verdadoil.com

Print Name: Michael Cugnetti Title: Director of EHS&R

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**

402223997	FLOWLINE LAYOUT DRAWING
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Total Attach: 1 Files