

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION Receive Date: 10/25/2019 Document Number: 402222185

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 [X] No [ ]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 320004 Location Type: Production Facilities Name: GREAT WESTERN MELISSA Number: 1 County: ADAMS Qtr Qtr: SESW Section: 8 Township: 1S Range: 65W Meridian: 6 Latitude: 39.975110 Longitude: -104.691086

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.975212 Longitude: -104.691123 PDOP: 2.2 Measurement Date: 09/13/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320497 Location Type: Well Site [ ] No Location ID Name: GREAT WESTERN MELISSA Number: 13-8 County: ADAMS Qtr Qtr: NWSW Section: 8 Township: 1S Range: 65W Meridian: 6 Latitude: 39.977360 Longitude: -104.695116

Flowline Start Point Riser

Latitude: 39.977470 Longitude: -104.694972 PDOP: 1.8 Measurement Date: 09/13/2019 Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: \_\_\_\_\_ Pipe Material: \_\_\_\_\_ Max Outer Diameter:(Inches) \_\_\_\_\_  
Bedding Material: \_\_\_\_\_ Date Construction Completed: 08/01/2003  
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: 10/25/2019 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**

<b>Att Doc Num</b>	<b>Name</b>
402222201	FLOWLINE LAYOUT DRAWING

Total Attach: 1 Files