

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:

10/25/2019

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## 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: 320116 Location Type: Production Facilities  
Name: GREAT WESTERN TIPPERARY Number: 1  
County: ADAMS  
Qtr Qtr: NESE Section: 8 Township: 1S Range: 65W Meridian: 6  
Latitude: 39.976900 Longitude: -104.682015

**FLOWLINE FACILITY INFORMATION**

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

**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**

Latitude: 39.977028 Longitude: -104.681457 PDOP: 1.8 Measurement Date: 09/13/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 320116 Location Type: Well Site ☐ No Location ID  
Name: GREAT WESTERN TIPPERARY Number: 1  
County: ADAMS  
Qtr Qtr: NESE Section: 8 Township: 1S Range: 65W Meridian: 6  
Latitude: 39.976900 Longitude: -104.682015

**Flowline Start Point Riser**

Latitude: 39.976937 Longitude: -104.682025 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: 07/01/1995  
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****Att Doc Num****Name**

402222298

FLOWLINE LAYOUT DRAWING

Total Attach: 1 Files