

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

Document Number:

402222314

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 (CO811) 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: 476232	Flowline Type: Wellhead Line	Action Type: Registration
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OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.977028	Longitude: -104.681470	PDOP: 1.8	Measurement Date: 09/13/2019
Equipment at End Point Riser: Separator			

Flowline Start Point Location Identification

Location ID: 320496	Location Type: Well Site	<input type="checkbox"/> No Location ID		
Name: GREAT WESTERN TIPPERARY	Number: 34-8			
County: ADAMS				
Qtr Qtr: SWSE	Section: 8	Township: 1S	Range: 65W	Meridian: 6
Latitude: 39.973920	Longitude: -104.685565			

Flowline Start Point Riser

Latitude: 39.973956	Longitude: -104.685509	PDOP: 1.9	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: 07/01/2003
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: 5/11/2020

Attachment Check List**Att Doc Num****Name**

402222314	Form44 Submitted
402222333	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files