

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: 10/25/2019 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 [X] 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

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 [] 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

<u>Att Doc Num</u>	<u>Name</u>
402222314	Form44 Submitted
402222333	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files