

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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OGCC RECEPTION

Receive Date:

10/25/2019

Document Number:

402222397**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: 320164 Location Type: Production Facilities
Name: GREAT WESTERN WOLFE Number: 1
County: ADAMS
Qtr Qtr: SESE Section: 20 Township: 1S Range: 65W Meridian: 6
Latitude: 39.946778 Longitude: -104.680773

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 39.946778 Longitude: -104.680773 PDOP: 2.7 Measurement Date: 09/13/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320164 Location Type: _____ Well Site No Location ID
Name: GREAT WESTERN WOLFE Number: 1
County: ADAMS
Qtr Qtr: SESE Section: 20 Township: 1S Range: 65W Meridian: 6
Latitude: 39.945860 Longitude: -104.681925

Flowline Start Point Riser

Latitude: 39.946003 Longitude: -104.681933 PDOP: 2.1 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: 02/01/1984
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: 10/25/2019 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
402222404	FLOWLINE LAYOUT DRAWING

Total Attach: 1 Files