

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:

10/28/2019

Document Number:

402223691

## 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: 306330 Location Type: Production Facilities  
Name: GREAT WESTERN WAGNER Number: 33-23  
County: WELD  
Qtr Qtr: NWSE Section: 23 Township: 1N Range: 64W Meridian: 6  
Latitude: 40.033086 Longitude: -104.514103

## FLOWLINE FACILITY INFORMATION

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

## OFF LOCATION FLOWLINE REGISTRATION

## Flowline End Point Riser

Latitude: 40.033086 Longitude: -104.514103 PDOP: 1.4 Measurement Date: 09/13/2019  
Equipment at End Point Riser: Separator

## Flowline Start Point Location Identification

Location ID: 306330 Location Type: Well Site ☐ No Location ID  
Name: GREAT WESTERN WAGNER Number: 33-23  
County: WELD  
Qtr Qtr: NWSE Section: 23 Township: 1N Range: 64W Meridian: 6  
Latitude: 40.034890 Longitude: -104.515580

## Flowline Start Point Riser

Latitude: 40.034909 Longitude: -104.515566 PDOP: 3.9 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: 03/01/2007  
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: 10/28/2019 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**

402223757

FLOWLINE LAYOUT DRAWING

Total Attach: 1 Files