

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: 10/28/2019 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 (CO811) that participates in Colorado's One Call notification system? Yes [X] No [ ]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 476236 Location Type: Production Facilities Name: GREAT WESTERN WAGNER Number: 33-23 County: WELD Qtr Qtr: SWSE Section: 23 Township: 1N Range: 64W Meridian: 6 Latitude: 40.033086 Longitude: -104.514103

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 476240 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: 5/12/2020

**Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
402223691	Form44 Submitted
402223757	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files