

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:

12/05/2019

Document Number:

402254860

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: 20275 Contact Person: JIM WIEGER
Company Name: CORAL PRODUCTION CORP Phone: (303) 623-3573
Address: 1600 STOUT ST STE 1500 Email: jimwieger@qwestoffice.net
City: DENVER State: CO Zip: 80202
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: 313844 Location Type: Production Facilities
Name: PETERSEN-62N56W Number: 17S2SE
County: MORGAN
Qtr Qtr: S2SE Section: 17 Township: 2N Range: 56W Meridian: 6
Latitude: 40.132993 Longitude: -103.665125

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 469431 Flowline Type: Production Line Action Type: Abandonment Verification

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

Latitude: 40.133070 Longitude: -103.666019 PDOP: 0.8 Measurement Date: 09/19/2019
Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 313844 Location Type: Well Site ☐ No Location ID
Name: PETERSEN-62N56W Number: 17S2SE
County: MORGAN
Qtr Qtr: S2SE Section: 17 Township: 2N Range: 56W Meridian: 6
Latitude: 40.132993 Longitude: -103.665125

Flowline Start Point Riser

Latitude: 40.133700 Longitude: -103.665150 PDOP: 0.8 Measurement Date: 09/19/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000
Bedding Material: _____ Date Construction Completed: 08/08/1967
Maximum Anticipated Operating Pressure (PSI): 45 Testing PSI: 58
Test Date: 10/29/2017

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 10/10/2019

Description of Removal from Service

FLOWLINE ABANDONED IN PLACE PER RULE 1003. LINE PURGED AND CUT OFF AT DEPTH OF LINE AND CAPPED.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 469432 Flowline Type: Production Line Action Type: Abandonment Verification

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

Latitude: 40.133071 Longitude: -103.666075 PDOP: 0.8 Measurement Date: 09/19/2019

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 313844 Location Type: Well Site ☐ No Location ID

Name: PETERSEN-62N56W Number: 17S2SE

County: MORGAN

Qtr Qtr: S2SE Section: 17 Township: 2N Range: 56W Meridian: 6

Latitude: 40.132993 Longitude: -103.665125

Flowline Start Point Riser

Latitude: 40.133700 Longitude: -103.665125 PDOP: 0.8 Measurement Date: 09/19/2019

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000
Bedding Material: _____ Date Construction Completed: 12/08/1967
Maximum Anticipated Operating Pressure (PSI): 45 Testing PSI: 55
Test Date: 10/29/2017

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 10/10/2019

Description of Removal from Service

FLOWLINE ABANDONED IN PLACE PER RULE 1103. LINE PURGED AND CUT OFF AT DEPTH OF LINE AND CAPPED.

OPERATOR COMMENTS AND SUBMITTAL

Comments

REQUEST EXPEDITING APPROVAL SO THAT FORM 6 SRA CAN BE APPROVED.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 12/05/2019 Email: jimwieger@qwestoffice.net

Print Name: JIM WIEGER Title: GEOLOGIST

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: 5/19/2020

Attachment Check List

Att Doc Num

Name

402254860

Form44 Submitted

Total Attach: 1 Files