

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: 11/06/2019 Document Number: 402230321

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: 10670 Contact Person: Erin Mathews Company Name: MALLARD EXPLORATION LLC Phone: (720) 543-7959 Address: 1400 16TH STREET SUITE 300 Email: emathews@mallardexploration.com 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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 310112 Location Type: Production Facilities Name: STATE-68N61W Number: 16SWSE County: WELD Qtr Qtr: SWSE Section: 16 Township: 8N Range: 61W Meridian: 6 Latitude: 40.656290 Longitude: -104.208310

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 476716 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.656106 Longitude: -104.208373 PDOP: Measurement Date: 09/26/2019 Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 405223 Location Type: Well Site [] No Location ID Name: STATE-68N61W Number: 16NENE County: WELD Qtr Qtr: NENE Section: 16 Township: 8N Range: 61W Meridian: 6 Latitude: 40.667294 Longitude: -104.202996

Flowline Start Point Riser

Latitude: 40.667365 Longitude: -104.203439 PDOP: Measurement Date: 09/26/2019 Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 06/30/2009
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: 11/06/2019 Email: theffner@phxresources.com

Print Name: Taylor Heffner Title: Mallard Contractor

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: 6/3/2020

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|---------------------------|-------------------------|
| 402230321 | Form44 Submitted |
| 402230340 | FLOWLINE LAYOUT DRAWING |

Total Attach: 2 Files