

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:

11/06/2019

Document Number:

402232526

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 ☒ No ☐

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 476715 Location Type: Production Facilities
Name: MCGAHEY STATE 1A Facility Number: 1
County: WELD
Qtr Qtr: SWSW Section: 16 Township: 8N Range: 61W Meridian: 6
Latitude: 40.654572 Longitude: -104.219466

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 476717 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.654572 Longitude: -104.219466 PDOP: Measurement Date: 09/26/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330493 Location Type: Well Site ☐ No Location ID
Name: MCGAHEY OIL, LLC STATE-68N61W Number: 16SESE
County: WELD
Qtr Qtr: SESE Section: 16 Township: 8N Range: 61W Meridian: 6
Latitude: 40.656470 Longitude: -104.203470

Flowline Start Point Riser

Latitude: 40.656479 Longitude: -104.203480 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: 10/01/2006
Maximum Anticipated Operating Pressure (PSI): 30 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**Att Doc Num****Name**

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Form44 Submitted

402232542

FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files