

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

10/24/2019

Document Number:

402211883

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: 10506 Contact Person: Leah Allen
Company Name: SEELEY OIL COMPANY LLC Phone: (970) 565-2136
Address: PO BOX 9015 Email: leah@seeleyoil.com
City: SALT LAKE State: UT Zip: 84109
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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 313548 Location Type: Gathering Line
Name: CUTTHROAT UNIT-N37N19W Number: 26SWNE
County: MONTEZUMA
Qtr Qtr: SWNE Section: 26 Township: 37N Range: 19W Meridian: N
Latitude: 37.436686 Longitude: -108.910681

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: Flowline Type: Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 37.437469 Longitude: -108.910606 PDOP: Measurement Date: 10/16/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 313536 Location Type: Production Facilities [] No Location ID
Name: CUTTHROAT UNIT-N37N19W Number: 23SESW
County: MONTEZUMA
Qtr Qtr: SESW Section: 23 Township: 37N Range: 19W Meridian: N
Latitude: 37.443756 Longitude: -108.914932

Flowline Start Point Riser

Latitude: 37.444222 Longitude: -108.914956 PDOP: Measurement Date: 10/16/2019
Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000
Bedding Material: _____ Date Construction Completed: 06/20/1988
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: 10/24/2019 Email: leah@seeleyoil.com

Print Name: Leah Allen Title: Agent

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

Att Doc Num	Name

Total Attach: 0 Files