

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:

10/24/2019

Document Number:

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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 ☒ 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: 37.437401 Longitude: -108.910721 PDOP: Measurement Date: 10/16/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 313553 Location Type: Gathering Line ☐ No Location ID
Name: CUTTHROAT-N37N19W Number: 26SWSE
County: MONTEZUMA
Qtr Qtr: SWSE Section: 26 Township: 37N Range: 19W Meridian: N
Latitude: 37.429939 Longitude: -108.910920

Flowline Start Point Riser

Latitude: 37.430266 Longitude: -108.911086 PDOP: Measurement Date: 10/16/2019
Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred:	Multiphase	Pipe Material:	Carbon Steel	Max Outer Diameter:(Inches)	3.000
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Bedding Material: _____ Date Construction Completed: 11/01/1990

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

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files