

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:

402214204

## 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: 322115 Location Type: Well Site  
Name: ISLAND BUTTE-N38N19W Number: 7SWNW  
County: DOLORES  
Qtr Qtr: SWNW Section: 7 Township: 38N Range: 19W Meridian: N  
Latitude: 37.566794 Longitude: -108.993015

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: Flowline Type: Action Type: Registration

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

Latitude: 37.566300 Longitude: -108.992949 PDOP: Measurement Date: 10/17/2019  
Equipment at End Point Riser: Meter

**Flowline Start Point Location Identification**

Location ID: 322116 Location Type: Production Facilities ☐ No Location ID  
Name: ISLAND BUTTE-N38N19W Number: 7SESW  
County: DOLORES  
Qtr Qtr: SESW Section: 7 Township: 38N Range: 19W Meridian: N  
Latitude: 37.560624 Longitude: -108.987765

**Flowline Start Point Riser**

Latitude: 37.560502 Longitude: -108.987775 PDOP: Measurement Date: 10/17/2019  
Equipment at Start Point Riser: Well

### Flowline Description and Testing

Type of Fluid Transferred:	Natural Gas	Pipe Material:	Carbon Steel	Max Outer Diameter:(Inches)	2.000
----------------------------	-------------	----------------	--------------	-----------------------------	-------

Bedding Material: \_\_\_\_\_ Date Construction Completed: 04/30/1991

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>
--------------------	-------------

--	--

Total Attach: 0 Files