

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:

10/26/2019

Document Number:

402220710

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 (CO811) that participates in Colorado's One Call notification system? Yes ☒ No ☐

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 322115 Location Type: Production Facilities
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: 476747 Flowline Type: Peripheral Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 37.566804 Longitude: -108.993421 PDOP: Measurement Date: 10/17/2019
Equipment at End Point Riser: Tank

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: 37.560418 Longitude: -108.987776 PDOP: Measurement Date: 10/17/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Other Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: _____ Date Construction Completed: 04/30/1999
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: 10/26/2019 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: 6/4/2020

Attachment Check List**Att Doc Num****Name**

402220710

Form44 Submitted

Total Attach: 1 Files