

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

10/26/2019

Document Number:

402222600

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: 313539 Location Type: Production Facilities
Name: CUTTHROAT-N37N19W Number: 10SEW
County: MONTEZUMA
Qtr Qtr: SENW Section: 10 Township: 37N Range: 19W Meridian: N
Latitude: 37.478846 Longitude: -108.931942

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 476750 Flowline Type: Peripheral Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 37.478655 Longitude: -108.932168 PDOP: Measurement Date: 10/21/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 313552 Location Type: Well Site ☐ No Location ID
Name: CUTTHROAT-N37N19W Number: 10NENW
County: MONTEZUMA
Qtr Qtr: NENW Section: 10 Township: 37N Range: 19W Meridian: N
Latitude: 37.484075 Longitude: -108.932612

Flowline Start Point Riser

Latitude: 37.483777 Longitude: -108.932740 PDOP: Measurement Date: 10/21/2019
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: 09/17/1990
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: 10/26/2019 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**

402222600

Form44 Submitted

Total Attach: 1 Files