

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:

10/30/2019

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: 313561 Location Type: Well Site
Name: ISLAND BUTTE II UNIT-N38N19W Number: 20NENE
County: MONTEZUMA
Qtr Qtr: NENE Section: 20 Township: 38N Range: 19W Meridian: N
Latitude: 37.543344 Longitude: -108.962264

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: Flowline Type: Action Type: Registration

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

Latitude: 37.543215 Longitude: -108.962618 PDOP: Measurement Date: 10/17/2019
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 452204 Location Type: Production Facilities ☐ No Location ID
Name: Island Butte B Number: 452204
County: MONTEZUMA
Qtr Qtr: NWNE Section: 21 Township: 38N Range: 19W Meridian: N
Latitude: 37.541764 Longitude: -108.949009

Flowline Start Point Riser

Latitude: 37.541761 Longitude: -108.949042 PDOP: Measurement Date: 10/17/2019
Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred:	Natural Gas	Pipe Material:	Poly SDR 7	Max Outer Diameter:(Inches)	2.000
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Bedding Material: _____ Date Construction Completed: 04/08/1993

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 10/30/2019 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

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Total Attach: 0 Files