

# State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

10/29/2019

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

### OFF LOCATION FLOWLINE

#### FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 322116 Location Type: Well Site  
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 FACILITY INFORMATION

Flowline Facility ID: 476756 Flowline Type: Peripheral Piping Action Type: Registration

#### OFF LOCATION FLOWLINE REGISTRATION

##### Flowline End Point Riser

Latitude: 37.560800 Longitude: -108.987650 PDOP: Measurement Date: 10/17/2019  
Equipment at End Point Riser: Well

##### Flowline Start Point Location Identification

Location ID: 322115 Location Type: Gathering Line ☐ No Location ID  
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 Start Point Riser

Latitude: 37.566298 Longitude: -108.992951 PDOP: Measurement Date: 10/17/2019  
Equipment at Start Point Riser: Meter

**Flowline Description and Testing**

Type of Fluid Transferred: \_\_\_\_\_ Pipe Material: \_\_\_\_\_ Max Outer Diameter:(Inches) \_\_\_\_\_  
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: 10/29/2019 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: 6/5/2020

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

402214262

Form44 Submitted

Total Attach: 1 Files