

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:

402214332

## 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: 313562 Location Type: Well Site  
Name: ISLAND BUTTE-N38N19W Number: 27NWSW  
County: MONTEZUMA  
Qtr Qtr: NWSW Section: 27 Township: 38N Range: 19W Meridian: N  
Latitude: 37.522255 Longitude: -108.936483

## FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 476766 Flowline Type: Peripheral Piping Action Type: Registration

## OFF LOCATION FLOWLINE REGISTRATION

## Flowline End Point Riser

Latitude: 37.522563 Longitude: -108.936239 PDOP: Measurement Date: 10/17/2019  
Equipment at End Point Riser: Tank

## Flowline Start Point Location Identification

Location ID: 313559 Location Type: Well Site ☐ No Location ID  
Name: ISLAND BUTTE UNIT II-N38N19W Number: 22SWSW  
County: MONTEZUMA  
Qtr Qtr: SWSW Section: 22 Township: 38N Range: 19W Meridian: N  
Latitude: 37.531095 Longitude: -108.939543

## Flowline Start Point Riser

Latitude: 37.531202 Longitude: -108.938897 PDOP: Measurement Date: 10/17/2019  
Equipment at Start Point Riser: Tank

**Flowline Description and Testing**

Type of Fluid Transferred: Produced Water Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000  
Bedding Material: \_\_\_\_\_ Date Construction Completed: 04/08/1993  
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: 10/30/2019 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: 6/5/2020

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

402214332

Form44 Submitted

Total Attach: 1 Files