

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION Receive Date: 10/30/2019 Document Number: 402214585

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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 313558 Location Type: Production Facilities Name: ISLAND BUTTE II UNIT-N38N19W Number: 21NWNE County: MONTEZUMA Qtr Qtr: NWNE Section: 21 Township: 38N Range: 19W Meridian: N Latitude: 37.541314 Longitude: -108.946173

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 476768 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

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

Flowline Start Point Location Identification

Location ID: 313561 Location Type: Production Facilities [] No Location ID 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 Start Point Riser

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

Flowline Description and Testing

Type of Fluid Transferred: Multiphase 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

<u>Att Doc Num</u>	<u>Name</u>
402214585	Form44 Submitted

Total Attach: 1 Files