

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: 10/29/2019 Document Number: 402219222

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: 313578 Location Type: Gathering Line
Name: CUTTHROAT UNIT-N37N19W Number: 35SWNE
County: MONTEZUMA
Qtr Qtr: SWNE Section: 35 Township: 37N Range: 19W Meridian: N
Latitude: 37.424060 Longitude: -108.912433

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 476770 Flowline Type: Peripheral Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 37.424060 Longitude: -108.912433 PDOP: Measurement Date: 10/21/2019
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 313553 Location Type: Production Facilities [] No Location ID
Name: CUTTHROAT-N37N19W Number: 26SWSE
County: MONTEZUMA
Qtr Qtr: SWSE Section: 26 Township: 37N Range: 19W Meridian: N
Latitude: 37.429939 Longitude: -108.910920

Flowline Start Point Riser

Latitude: 37.430030 Longitude: -108.910620 PDOP: Measurement Date: 10/21/2019
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: 11/01/1990
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: 10/29/2019 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

<u>Att Doc Num</u>	<u>Name</u>
402219222	Form44 Submitted

Total Attach: 1 Files