

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:

10/31/2019

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@seeleyoilc.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: 322089 Location Type: Production Facilities
Name: HUSKEY "B" UNIT-N39N19W Number: 30SWNW
County: DOLORES
Qtr Qtr: SWNW Section: 30 Township: 39N Range: 19W Meridian: N
Latitude: 37.611943 Longitude: -108.993575

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: Flowline Type: Action Type: Registration

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

Latitude: 37.604160 Longitude: -108.987756 PDOP: Measurement Date: 10/21/2019
Equipment at End Point Riser: Custody Transfer Point

Flowline Start Point Location Identification

Location ID: 322109 Location Type: Production Facilities ☐ No Location ID
Name: SPARGO-N39N20W Number: 36SESW
County: DOLORES
Qtr Qtr: SESW Section: 36 Township: 39N Range: 20W Meridian: N
Latitude: 37.593063 Longitude: -109.007306

Flowline Start Point Riser

Latitude: 37.593289 Longitude: -109.007625 PDOP: Measurement Date: 10/21/2019
Equipment at Start Point Riser: Meter

Flowline Description and Testing

Type of Fluid Transferred:	Natural Gas	Pipe Material:	Carbon Steel	Max Outer Diameter:(Inches)	3.000
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Bedding Material: _____ Date Construction Completed: 01/05/1988

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: 10/31/2019 Email: leah@seeleyoilc.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