

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: 10/31/2019 Document Number: 402219062

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.om 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 [X] 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
Bedding Material: _____ Date Construction Completed: 01/05/1988
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: 10/31/2019 Email: leah@seeleyoilc.om

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

Att Doc Num	Name

Total Attach: 0 Files