

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

06/05/2020

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@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: 313571 Location Type: Produced Water Transfer System
Name: ISLAND BUTTE II-N38N19W Number: 21NENW
County: MONTEZUMA
Qtr Qtr: NENW Section: 21 Township: 38N Range: 19W Meridian: N
Latitude: 37.541044 Longitude: -108.951864

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 476794 Flowline Type: Peripheral Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 37.541044 Longitude: -108.951864 PDOP: Measurement Date: 10/21/2019
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 313558 Location Type: Production Facilities ☐ No Location ID
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 Start Point Riser

Latitude: 37.541566 Longitude: -108.948566 PDOP: Measurement Date: 10/21/2019
Equipment at Start Point Riser: Tank

Flowline Description and Testing

Type of Fluid Transferred: Produced Water Pipe Material: Fiberspar (FSL875OE) Max Outer Diameter:(Inches) 3.000
Bedding Material: _____ Date Construction Completed: 04/03/2013
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: 06/05/2020 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: 6/8/2020

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

402219035

Form44 Submitted

Total Attach: 1 Files