

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: 10/23/2019 Document Number: 402218247

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: 10456 Contact Person: Jason Eckman
Company Name: CAERUS PICEANCE LLC Phone: (970) 285-2656
Address: 1001 17TH STREET #1600 Email: jeckman@caerusoilandgas.com
City: DENVER State: CO Zip: 80202
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: 324174 Location Type: Well Site
Name: BENTLEY-67S95W Number: 11NESE
County: GARFIELD
Qtr Qtr: NESE Section: 11 Township: 7S Range: 95W Meridian: 6
Latitude: 39.450600 Longitude: -107.957870

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.450862 Longitude: -107.957949 PDOP: Measurement Date: 08/14/2008
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 334707 Location Type: Well Site [] No Location ID
Name: MAP LLC-67S95W Number: 11NESE
County: GARFIELD
Qtr Qtr: NESE Section: 11 Township: 7S Range: 95W Meridian: 6
Latitude: 39.449780 Longitude: -107.958670

Flowline Start Point Riser

Latitude: 39.449780 Longitude: -107.958670 PDOP: Measurement Date: 08/14/2008
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: Native Materials Date Construction Completed: 04/30/2007
Maximum Anticipated Operating Pressure (PSI): 700 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: 10/23/2019 Email: jeckman@caerusoilandgas.com

Print Name: Jason Eckman Title: Regulatory Analyst Lead

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

402218263	OFF-LOCATION FLOWLINE GEODATABASE SHP
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Total Attach: 1 Files