

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

10/28/2019

Document Number:

402223698

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: 10672 Contact Person: Brook Storhaug
Company Name: TIMBER CREEK OPERATING LLC Phone: (720) 5178846
Address: 6295 GREENWOOD PLAZA BLVD #100 Email: brookstorhaug@tcenergyllc.com
City: GREENWOOD State: CO Zip: 8111-4978
VILLAGE

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: 312082 Location Type: Compressor Station
Name: HILL RANCH-634S67W Number: 28NWSW
County: LAS ANIMAS
Qtr Qtr: NWSW Section: 28 Township: 34S Range: 67W Meridian: 6
Latitude: 37.051994 Longitude: -104.899629

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 477084 Flowline Type: Process Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 37.052222 Longitude: -104.899578 PDOP: Measurement Date: 06/28/2018
Equipment at End Point Riser: Compressor

Flowline Start Point Location Identification

Location ID: 474926 Location Type: Gathering Line No Location ID
Name: APACHE CANYON #9 COMPRESSOR STATION Number:
County: LAS ANIMAS
Qtr Qtr: SESW Section: 16 Township: 34S Range: 67W Meridian: 6
Latitude: 37.080676 Longitude: -104.894582

Flowline Start Point Riser

Latitude: 37.080617 Longitude: -104.894591 PDOP: Measurement Date: 05/13/2018
Equipment at Start Point Riser: Meter

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 12.750
Bedding Material: Native Materials Date Construction Completed: 01/01/1992
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: 10/28/2019 Email: brookstorhaug@tcenergyllc.com

Print Name: Brook Storhaug Title: GIS

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: 6/26/2020

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|---------------------------|---------------------------------------|
| 402223698 | Form44 Submitted |
| 402223766 | OFF-LOCATION FLOWLINE GEODATABASE GDB |

Total Attach: 2 Files