

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: 02/04/2020 Document Number: 402302727

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: 67270 Contact Person: Dave Andrews
Company Name: PARKER & PARSLEY DEV L P Phone: (303) 894-2100
Address: 9400 N BROADWAY Email: david.andrews@state.co.us
City: OKLAHOMA CITY State: OK Zip: 73114-743
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: 377694 Location Type: Production Facilities
Name: PEORIA J-SAND UNIT-64S60W Number: 30NESE
County: ARAPAHOE
Qtr Qtr: NESE Section: 30 Township: 4S Range: 60W Meridian: 6
Latitude: 39.672396 Longitude: -104.137306

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 477095 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.670917 Longitude: -104.135511 PDOP: Measurement Date: 06/22/1990
Equipment at End Point Riser: Tank

Flowline Start Point Location Identification

Location ID: 377694 Location Type: Well Site No Location ID
Name: PEORIA J-SAND UNIT-64S60W Number: 30NESE
County: ARAPAHOE
Qtr Qtr: NESE Section: 30 Township: 4S Range: 60W Meridian: 6
Latitude: 39.672396 Longitude: -104.137306

Flowline Start Point Riser

Latitude: 39.672396 Longitude: -104.137306 PDOP: Measurement Date: 06/22/1990
Equipment at Start Point Riser: Well

Flowline Description and Testing


Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 06/22/1990
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: 06/22/1990

OPERATOR COMMENTS AND SUBMITTAL

Comments OWP

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 02/04/2020 Email: caitlin.mckennie@state.co.us
Print Name: Caitlin McKennie Title: COGCC Intern

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: 6/29/2020

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402302727	Form44 Submitted
402302757	AERIAL PHOTO

Total Attach: 2 Files