

**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:

07/13/2020

Document Number:

402192863

**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: 65110 Contact Person: Joseph Forma  
Company Name: O'BRIEN ENERGY RESOURCES CORP Phone: (603) 427-2099  
Address: 18 CONGRESS ST STE 207 Email: joeforma@obenergy.com  
City: PORTSMOUTH State: NH Zip: 03801  
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: 305607 Location Type: Well Site  
Name: LOST CREEK-63N62W Number: 16SWSE  
County: WELD  
Qtr Qtr: SWSE Section: 16 Township: 3N Range: 62W Meridian: 6  
Latitude: 40.220060 Longitude: -104.327060

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 477196 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.220116 Longitude: -104.327500 PDOP: 1.7 Measurement Date: 08/28/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 305609 Location Type: Well Site ☐ No Location ID  
Name: LOST CREEK-63N62W Number: 16NESW  
County: WELD  
Qtr Qtr: NESW Section: 16 Township: 3N Range: 62W Meridian: 6  
Latitude: 40.224400 Longitude: -104.330730

**Flowline Start Point Riser**

Latitude: 40.224400 Longitude: -104.330730 PDOP: 1.7 Measurement Date: 02/28/2006  
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.375  
Bedding Material: Native Materials Date Construction Completed: 01/03/2006  
Maximum Anticipated Operating Pressure (PSI): 0 Testing PSI: 100  
Test Date: 06/13/2017

**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: 07/13/2020 Email: joeforma@obenergy.com

Print Name: Joseph Forma Title: President

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: 7/13/2020

## Conditions of Approval

**COA Type**

**Description**

## Attachment Check List

**Att Doc Num**

**Name**

402192863	Form44 Submitted
402192918	OFF-LOCATION FLOWLINE GEODATABASE KML
402192919	FLOWLINE LAYOUT DRAWING
402442198	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 4 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)

