

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

10/31/2019

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: 10692 Contact Person: Andrew Glinn
Company Name: ATG ENTERPRISES INC Phone: (308) 289-5220
Address: 2 ROAD 2951 Email: dglinn27@yahoo.com
City: AZTEC State: NM Zip: 87410
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 ☒ No ☐

OFF LOCATION FLOWLINE**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 326248 Location Type: Well Site
Name: Ute Number: 34-16
County: LA PLATA
Qtr Qtr: SESE Section: 34 Township: 33N Range: 8W Meridian: N
Latitude: 37.055698 Longitude: -107.699747

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: Flowline Type: Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 37.056011 Longitude: -107.699982 PDOP: Measurement Date: 08/06/2008
Equipment at End Point Riser: Tank

Flowline Start Point Location Identification

Location ID: 334016 Location Type: Well Site ☐ No Location ID
Name: Ute Number: 34-3
County: LA PLATA
Qtr Qtr: NENW Section: 34 Township: 33N Range: 8W Meridian: N
Latitude: 37.064808 Longitude: -107.707222

Flowline Start Point Riser

Latitude: 37.064808 Longitude: -107.707222 PDOP: Measurement Date: 08/06/2008
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: 01/01/2009
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: 10/31/2019 Email: dglinn27@yahoo.com

Print Name: Andrew Glinn 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: _____

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

402226899

TOPO MAP

Total Attach: 1 Files