

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: 10/31/2019 Document Number: 402226886

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 [X] 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
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Total Attach: 1 Files