

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: 04/30/2019 Document Number: 402027232

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: 10112 Contact Person: James Smith
Company Name: FOUNDATION ENERGY MANAGEMENT LLC Phone: (918) 526-5592
Address: 5057 KELLER SPRINGS RD STE 650 Email: form44@foundationenergy.com
City: ADDISON State: TX Zip: 75001
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 [X] No [ ]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 302996 Location Type: Gathering Line
Name: ALLISON-61S44W Number: 32SWNE
County: YUMA
Qtr Qtr: SWNE Section: 32 Township: 1S Range: 44W Meridian: 6
Latitude: 39.928191 Longitude: -102.323871

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464362 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.928160 Longitude: -102.323810 PDOP: 2.4 Measurement Date: 04/25/2019
Equipment at End Point Riser: Custody Transfer Point

Flowline Start Point Location Identification

Location ID: 337458 Location Type: Well Site [ ] No Location ID
Name: SHARP-61S44W Number: 32SENV
County: YUMA
Qtr Qtr: SENW Section: 32 Township: 1S Range: 44W Meridian: 6
Latitude: 39.928060 Longitude: -102.328570

Flowline Start Point Riser

Latitude: 39.928070 Longitude: -102.328580 PDOP: 2.4 Measurement Date: 04/25/2019
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 2.000  
Bedding Material: Native Materials Date Construction Completed: 11/01/2006  
Maximum Anticipated Operating Pressure (PSI): 150 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: 04/30/2019 Email: form44@foundationenergy.com

Print Name: James Smith Title: HSE-Regulatory Supervisor

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: 5/14/2019

## Conditions of Approval

**COA Type**

**Description**

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## Attachment Check List

**Att Doc Num**

**Name**

402027232	Form 44 Approved-O
402042762	Form44 Submitted

Total Attach: 2 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval

Total: 0 comment(s)

