

**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:

402027239

**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 ☒ No ☐

**OFF LOCATION FLOWLINE**

**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 303026 Location Type: Gathering Line  
Name: BRUEGGEMAN-61S44W Number: 31CSE  
County: YUMA  
Qtr Qtr: CSE Section: 31 Township: 1S Range: 44W Meridian: 6  
Latitude: 39.922851 Longitude: -102.340431

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 464371 Flowline Type: Production Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 39.922730 Longitude: -102.340400 PDOP: 1.6 Measurement Date: 04/25/2019  
Equipment at End Point Riser: Custody Transfer Point

**Flowline Start Point Location Identification**

Location ID: 304329 Location Type: Well Site ☐ No Location ID  
Name: BRUEGGEMAN-61S44W Number: 31SESE  
County: YUMA  
Qtr Qtr: SESE Section: 31 Township: 1S Range: 44W Meridian: 6  
Latitude: 39.920781 Longitude: -102.337711

**Flowline Start Point Riser**

Latitude: 39.920820 Longitude: -102.337610 PDOP: 1.6 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: 03/05/2001  
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**

## Attachment Check List

**Att Doc Num**

**Name**

402027239	Form 44 Approved-O
402042763	Form44 Submitted

Total Attach: 2 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)

