

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:

402027255

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: 464358 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.922851 Longitude: -102.340431 PDOP: 1.6 Measurement Date: 04/25/2019
Equipment at End Point Riser: Custody Transfer Point

Flowline Start Point Location Identification

Location ID: 337466 Location Type: Well Site No Location ID
Name: BRUEGGEMAN-61S44W Number: 31NESE
County: YUMA
Qtr Qtr: NESE Section: 31 Township: 1S Range: 44W Meridian: 6
Latitude: 39.924700 Longitude: -102.337620

Flowline Start Point Riser

Latitude: 39.924710 Longitude: -102.337650 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: 01/01/2007
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

402027255	Form 44 Approved-O
402042764	Form44 Submitted

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval

Total: 0 comment(s)

