

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: 05/09/2019 Document Number: 402038391

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 SMTIH 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: 303736 Location Type: Gathering Line Name: BROWN-62S43W Number: 28NESE County: YUMA Qtr Qtr: NESE Section: 28 Township: 2S Range: 43W Meridian: 6 Latitude: 39.852143 Longitude: -102.188956

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464338 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.852250 Longitude: -102.188600 PDOP: 1.6 Measurement Date: 05/02/2019 Equipment at End Point Riser: Custody Transfer Point

Flowline Start Point Location Identification

Location ID: 304158 Location Type: Well Site [] No Location ID Name: BROWN-62S43W Number: 28SWSE County: YUMA Qtr Qtr: SWSE Section: 28 Township: 2S Range: 43W Meridian: 6 Latitude: 39.849113 Longitude: -102.192186

Flowline Start Point Riser

Latitude: 39.849180 Longitude: -102.191720 PDOP: 1.7 Measurement Date: 05/02/2019 Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 3.000
Bedding Material: Native Materials Date Construction Completed: 01/01/1999
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: 05/09/2019 Email: FORM44@FOUNDATIONENERGY.COM

Print Name: JAMES SMTIH 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: 5/10/2019

Conditions of Approval

COA Type

Description

--	--

Attachment Check List

Att Doc Num

Name

402038391	Form 44 Approved-O
402040101	Form44 Submitted

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)

