

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: 05/13/2019 Document Number: 402041699

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: 302994 Location Type: Gathering Line Name: HERBERT-62S43W Number: 9NWSE County: YUMA Qtr Qtr: NWSE Section: 9 Township: 2S Range: 43W Meridian: 6 Latitude: 39.896470 Longitude: -102.191670

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464363 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.896490 Longitude: -102.191690 PDOP: 1.4 Measurement Date: 05/03/2019 Equipment at End Point Riser: Custody Transfer Point

Flowline Start Point Location Identification

Location ID: 304110 Location Type: Well Site [] No Location ID Name: HERBERT-62S43W Number: 9SENV County: YUMA Qtr Qtr: SENW Section: 9 Township: 2S Range: 43W Meridian: 6 Latitude: 39.899860 Longitude: -102.198030

Flowline Start Point Riser

Latitude: 39.899850 Longitude: -102.198050 PDOP: 1.5 Measurement Date: 05/03/2019 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: 01/01/1999
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: 05/13/2019 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

402041699	Form 44 Approved-O
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

