

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:  
402041754

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: 304162 Location Type: Gathering Line  
Name: ODELL-62S43W Number: 7SWNE  
County: YUMA  
Qtr Qtr: SWNE Section: 7 Township: 2S Range: 43W Meridian: 6  
Latitude: 39.899310 Longitude: -102.229640

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464378 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.899300 Longitude: -102.229650 PDOP: 0.9 Measurement Date: 05/07/2019  
Equipment at End Point Riser: Custody Transfer Point

Flowline Start Point Location Identification

Location ID: 305062 Location Type: Well Site  No Location ID  
Name: SHAY-62S43W Number: 7SEW  
County: YUMA  
Qtr Qtr: SEW Section: 7 Township: 2S Range: 43W Meridian: 6  
Latitude: 39.899750 Longitude: -102.234000

Flowline Start Point Riser

Latitude: 39.899736 Longitude: -102.234012 PDOP: 0.9 Measurement Date: 05/07/2019  
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: 11/01/2005  
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**

402041754	Form 44 Approved-O
402042883	Form44 Submitted

Total Attach: 2 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)

