

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:

02/03/2020

Document Number:

402302167

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: 51130 Contact Person: Michael Nicol
Company Name: LOCIN OIL CORPORATION Phone: (281) 362-8600
Address: 2445 TECHNOLOGY FOREST BD #710 Email: mnicol@locinoil.com
City: THE WOODLANDS State: TX Zip: 77381
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: 315209 Location Type: Well Site
Name: FORK UNIT-62S102W Number: 11NWSW
County: RIO BLANCO
Qtr Qtr: NWSW Section: 11 Township: 2S Range: 102W Meridian: 6
Latitude: 39.885919 Longitude: -108.817002

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466873 Flowline Type: Production Line Action Type: Abandonment Verification

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.886467 Longitude: -108.817133 PDOP: 2.0 Measurement Date: 07/16/2019
Equipment at End Point Riser: Custody Transfer Point

Flowline Start Point Location Identification

Location ID: 315597 Location Type: Well Site No Location ID
Name: FORK UNIT FEDERAL-62S102W Number: 10NESE
County: RIO BLANCO
Qtr Qtr: NESE Section: 10 Township: 2S Range: 102W Meridian: 6
Latitude: 39.886259 Longitude: -108.822152

Flowline Start Point Riser

Latitude: 39.886367 Longitude: -108.821167 PDOP: 2.0 Measurement Date: 07/16/2019
Equipment at Start Point Riser: Meter

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 4.000
Bedding Material: Unknown Date Construction Completed: 08/21/1981
Maximum Anticipated Operating Pressure (PSI): 500 Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 07/31/2019

Description of Removal from Service

The line was cut below ground and the pipe ends were filled with expanding foam and buried.

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: 02/03/2020 Email: mnicol@locinoil.com
Print Name: Michael Nicol Title: Manager

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: 7/29/2020

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402302167	Form44 Submitted
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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)

