

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: 10/29/2019 Document Number: 402210308

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: 10706 Contact Person: Kevin Oakes Company Name: D90 ENERGY LLC Phone: (832) 928-0646 Address: 202 TRAVIS STREET #402 Email: kevin@d90energy.com City: HOUSTON State: TX Zip: 77002 Is the Operator a Tier One member of the Utility Notification Center of Colorado (UNCC) that participates in Colorado's One Call notification system? Yes [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 435180 Location Type: Well Site Name: JOHN CRAIG Number: 10-10 County: LINCOLN Qtr Qtr: NWSE Section: 10 Township: 10S Range: 56W Meridian: 6 Latitude: 39.191680 Longitude: -103.647980

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: Flowline Type: Peripheral Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.191720 Longitude: -103.648113 PDOP: Measurement Date: 10/02/2019 Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: Location Type: Production Facilities [X] No Location ID Name: John Craig Number: County: LINCOLN Qtr Qtr: SENW Section: 2 Township: 10S Range: 56W Meridian: 6 Latitude: 39.208825 Longitude: -103.631611

Flowline Start Point Riser

Latitude: 39.208747 Longitude: -103.631677 PDOP: Measurement Date: 10/02/2019 Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: polyethylene Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 07/31/2014
Maximum Anticipated Operating Pressure (PSI): _____ 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: 10/29/2019 Email: kevin@d90energy.com

Print Name: Kevin Oakes Title: Regulatory 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: _____

Attachment Check List

Att Doc Num	Name
402210318	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 1 Files