

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: 02/06/2020 Document Number: 402305263

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: 27635 Contact Person: Dave Andrews Company Name: ENERGY SEARCH CO ADBA ENERGY SEARCH CO INC Phone: (303) 894-2100 Address: PO BOX 1896 Email: david.andrews@state.co.us City: EDWARDS State: CO Zip: 81632 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 No

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: Location Type: Production Facilities Name: Energy Search Co. Tank Battery Number: #1, #4 County: ADAMS Qtr Qtr: SENE Section: 13 Township: 1S Range: 68W Meridian: 6 Latitude: 39.967021 Longitude: -104.941680

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.967021 Longitude: -104.941680 PDOP: Measurement Date: 02/18/2015 Equipment at End Point Riser: Tank

Flowline Start Point Location Identification

Location ID: 320267 Location Type: Well Site No Location ID Name: GREEN-61S67W Number: 18NWNW County: ADAMS Qtr Qtr: NWNW Section: 18 Township: 1S Range: 67W Meridian: 6 Latitude: 39.970119 Longitude: -104.938053

Flowline Start Point Riser

Latitude: 39.970119 Longitude: -104.938053 PDOP: Measurement Date: 05/22/1979 Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 05/22/1979
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: 05/22/1979

OPERATOR COMMENTS AND SUBMITTAL

Comments OWP

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 02/06/2020 Email: caitlin.mckennie@state.co.us
Print Name: Caitlin McKennie Title: COGCC Intern

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
402305288	AERIAL PHOTO

Total Attach: 1 Files