

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: 02/09/2020 Document Number: 402307055

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: 90615 Contact Person: Dave Andrews Company Name: TUDEX PETROLEUM INC Phone: (303) 894-2100 Address: 2121 39TH AVE NE UNIT E Email: david.andrews@state.co.us City: CALGARY State: AL Zip: T2E 6R7 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: 457738 Location Type: Production Facilities Name: Freeman 13-2 Number: Tank Battery County: ARAPAHOE Qtr Qtr: SWSW Section: 13 Township: 2N Range: 67W Meridian: 6 Latitude: 40.131975 Longitude: -104.847336

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.131975 Longitude: -104.847336 PDOP: Measurement Date: 11/07/2014 Equipment at End Point Riser: Tank

Flowline Start Point Location Identification

Location ID: 336189 Location Type: Well Site No Location ID Name: KERR Number: 35N-25HZ County: WELD Qtr Qtr: SESW Section: 13 Township: 2N Range: 67W Meridian: 6 Latitude: 40.132320 Longitude: -104.841890

Flowline Start Point Riser

Latitude: 40.132320 Longitude: -104.841890 PDOP: Measurement Date: 06/06/1987 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: 06/06/1987
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: 06/06/1987

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: 02/09/2020 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
402307056	AERIAL PHOTO

Total Attach: 1 Files