

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:

04/20/2020

Document Number:

402219136

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: 37230 Contact Person: Kerry Halde  
Company Name: HALDE OIL INC Phone: (719) 346-0352  
Address: 46321 HWY 24 Email: haldesand@centurytel.net  
City: BURLINGTON State: CO Zip: 80807  
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: 321823 Location Type: Well Site  
Name: NORRENE 13-2-613S43W Number: 2NWSW  
County: CHEYENNE  
Qtr Qtr: NWSW Section: 2 Township: 13S Range: 43W Meridian: 6  
Latitude: 38.948998 Longitude: -102.201731

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 477616 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 38.944903 Longitude: -102.203080 PDOP: Measurement Date: 05/01/1996  
Equipment at End Point Riser: Meter

Flowline Start Point Location Identification

Location ID: 321823 Location Type: Gathering Line  No Location ID  
Name: NORRENE 13-2-613S43W Number: 2NWSW  
County: CHEYENNE  
Qtr Qtr: NWSW Section: 2 Township: 13S Range: 43W Meridian: 6  
Latitude: 38.948998 Longitude: -102.201731

Flowline Start Point Riser

Latitude: 38.948998 Longitude: -102.201731 PDOP: Measurement Date: 05/01/1996  
Equipment at Start Point Riser: Meter

**Flowline Description and Testing**

Type of Fluid Transferred: \_\_\_\_\_ Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000

Bedding Material: \_\_\_\_\_ Date Construction Completed: 05/01/1996

Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_

Test Date: 05/01/1996

**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: 04/20/2020 Email: haldesand@centurytel.net

Print Name: Kerry Halde Title: President

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: 8/11/2020

## Conditions of Approval

**COA Type**

**Description**

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### Attachment Check List

**Att Doc Num**

**Name**

402219136	Form44 Submitted
402219151	OFF-LOCATION FLOWLINE GEODATABASE KML
402375733	PRODUCED WATER TRANSFER SYSTEM GIS DATA
402375734	OFF-LOCATION FLOWLINE GIS DATA

Total Attach: 4 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)

