

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:

04/22/2020

Document Number:

402219186

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: 324853 Location Type: Well Site
Name: JAGEE-618S44W Number: 7NENW
County: KIOWA
Qtr Qtr: NENW Section: 7 Township: 18S Range: 44W Meridian: 6
Latitude: 38.510227 Longitude: -102.395311

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 477625 Flowline Type: Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 38.509180 Longitude: -102.395355 PDOP: Measurement Date: 12/01/1990
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 324853 Location Type: Well Site ☐ No Location ID
Name: JAGEE-618S44W Number: 7NENW
County: KIOWA
Qtr Qtr: NENW Section: 7 Township: 18S Range: 44W Meridian: 6
Latitude: 38.510227 Longitude: -102.395311

Flowline Start Point Riser

Latitude: 38.510227 Longitude: -102.395311 PDOP: Measurement Date: 12/01/1990
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: _____ Date Construction Completed: 12/01/1990
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: 12/01/1990

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: 04/22/2020 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

Attachment Check List

Att Doc Num

Name

402219186	Form44 Submitted
402219192	OFF-LOCATION FLOWLINE GEODATABASE KML
402377720	OFF-LOCATION FLOWLINE GIS DATA
402377721	OFF-LOCATION FLOWLINE GIS DATA

Total Attach: 4 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
--	--	------------------------

Total: 0 comment(s)

