

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:

11/05/2019

Document Number:

402231232

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: 5 Contact Person: Dave Andrews
Company Name: COLORADO OIL & GAS CONSERVATION COMMISSION Phone: (303) 894-2100
Address: 1120 LINCOLN ST SUITE 801 Email: dave.andrews@state.co.us
City: DENVER State: CO Zip: 80203
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: 322261 Location Type: Production Facilities
Name: MARJO-620S69W Number: 22NWSW
County: FREMONT
Qtr Qtr: NWSW Section: 22 Township: 20S Range: 69W Meridian: 6
Latitude: 38.298080 Longitude: -105.103000

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 477706 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 38.298032 Longitude: -105.103050 PDOP: Measurement Date: 07/19/2012
Equipment at End Point Riser: Tank

Flowline Start Point Location Identification

Location ID: 426185 Location Type: Well Site No Location ID
Name: HW-2220S69W Number: 1
County: FREMONT
Qtr Qtr: NWNW Section: 22 Township: 20S Range: 69W Meridian: 6
Latitude: 38.300271 Longitude: -105.101097

Flowline Start Point Riser

Latitude: 38.300271 Longitude: -105.101097 PDOP: Measurement Date: 07/19/2012
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: 07/19/2012
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: 07/19/2012

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: 11/05/2019 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: 8/20/2020

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402231232	Form44 Submitted
402291250	AERIAL PHOTO

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval

Total: 0 comment(s)

