

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION
Receive Date:
06/11/2020
Document Number:
402174475

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: 51922 Contact Person: Amanda Stewart
Company Name: LYSTER OIL COMPANY INC Phone: (970) 3268820
Address: 701 COUNTY ROAD 105 Email: amanda.lysteroil@gmail.com
City: CRAIG State: CO Zip: 81625
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: 474134 Location Type: Crude Oil Transfer Line
Name: GRASSY CREEK COAL Number: 2
County: ROUTT
Qtr Qtr: NWNE Section: 35 Township: 6N Range: 87W Meridian: 6
Latitude: 40.439205 Longitude: -107.114874

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 477783 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.439170 Longitude: -107.114900 PDOP: Measurement Date: 10/25/1977
Equipment at End Point Riser: Tank

Flowline Start Point Location Identification

Location ID: 316752 Location Type: Well Site No Location ID
Name: GRASSY CREEK COAL CO-66N87W Number: 25NWSW
County: ROUTT
Qtr Qtr: NWSW Section: 25 Township: 6N Range: 87W Meridian: 6
Latitude: 40.447451 Longitude: -107.104735

Flowline Start Point Riser

Latitude: 40.447380 Longitude: -107.104960 PDOP: Measurement Date: 10/25/1977
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: Native Materials Date Construction Completed: 09/30/1976
Maximum Anticipated Operating Pressure (PSI): 0 Testing PSI: 0
Test Date: _____

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: 06/11/2020 Email: amanda.lysteroil@gmail.com

Print Name: Amanda Stewart Title: Secretary

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: 9/1/2020

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402174475	Form44 Submitted
402204440	OFF-LOCATION FLOWLINE GEODATABASE KML

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval

Total: 0 comment(s)

