

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: 10/10/2019 Document Number: 402178706

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: 10112 Contact Person: ALYSSA BEARD Company Name: FOUNDATION ENERGY MANAGEMENT LLC Phone: (303) 244-8114 Address: 5057 KELLER SPRINGS RD STE 650 Email: FORM44@FOUNDATIONENERGY.COM City: ADDISON State: TX Zip: 75001 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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 310566 Location Type: Well Site Name: Green Number: 1-1 County: WELD Qtr Qtr: NENE Section: 1 Township: 7n Range: 60w Meridian: 6 Latitude: 40.609890 Longitude: -104.034540

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 477879 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.609844 Longitude: -104.034533 PDOP: 1.3 Measurement Date: 07/02/2019 Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 429231 Location Type: Production Facilities [] No Location ID Name: GREEN Number: 1-7 FACILITY County: WELD Qtr Qtr: NENE Section: 1 Township: 7N Range: 60W Meridian: 6 Latitude: 40.611324 Longitude: -104.034410

Flowline Start Point Riser

Latitude: 40.611367 Longitude: -104.034299 PDOP: 1.0 Measurement Date: 07/22/2019 Equipment at Start Point Riser: Tank

Flowline Description and Testing

Type of Fluid Transferred: Produced Water Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000
Bedding Material: Native Materials Date Construction Completed: 04/01/2017
Maximum Anticipated Operating Pressure (PSI): 3000 Testing PSI: _____
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: 10/10/2019 Email: FORM44@FOUNDATIONENERGY.COM

Print Name: ALYSSA BEARD Title: EHSR MANAGER

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: 9/8/2020

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402178706	Form44 Submitted
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

