

**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:

07/01/2020

Document Number:

402226413

**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: 53255 Contact Person: Jordan Reid  
Company Name: MARALEX RESOURCES INC Phone: (970) 5634000  
Address: P O BOX 338 Email: maralextechjr@gmail.com  
City: IGNACIO State: CO Zip: 81137  
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: 333661 Location Type: Well Site  
Name: KEEGAN PRTRICK-N33N7W Number: 11NWNW  
County: LA PLATA  
Qtr Qtr: NWNW Section: 11 Township: 33N Range: 7W Meridian: N  
Latitude: 37.122820 Longitude: -107.582665

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 477920 Flowline Type: Production Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 37.122271 Longitude: -107.582674 PDOP:  Measurement Date: 09/17/2019  
Equipment at End Point Riser: Meter

**Flowline Start Point Location Identification**

Location ID: 333963 Location Type: Well Site ☐ No Location ID  
Name: KEEGAN PATRICK 33-7-11-N33N7W Number: 11NWSW  
County: LA PLATA  
Qtr Qtr: NWSW Section: 11 Township: 33N Range: 7W Meridian: N  
Latitude: 37.116347 Longitude: -107.583338

**Flowline Start Point Riser**

Latitude: 37.116255 Longitude: -107.582971 PDOP:  Measurement Date: 09/17/2019  
Equipment at Start Point Riser: Meter

**Flowline Description and Testing**Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) \_\_\_\_\_Bedding Material: Native Materials Date Construction Completed: 10/01/2005

Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ 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: 07/01/2020 Email: maralextechjr@gmail.comPrint Name: Jordan ReidTitle: Production Technician

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: 9/10/2020

## Conditions of Approval

**COA Type**

**Description**

## Attachment Check List

**Att Doc Num**

**Name**

402226413	Form44 Submitted
402226415	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)

