

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.com

Print Name: Jordan Reid Title: 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

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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)

