

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION
Receive Date:
10/30/2019
Document Number:
402226929

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: 17320 Contact Person: JULIE BRANTING
Company Name: CITY & COUNTY OF DENVER Phone: (303) 638-7484
Address: 8500 PENA BLVD CONCOUR A #4385 Email: PETROPRO@COMCAST.NET
City: DENVER State: CO Zip: 80249
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: 322054 Location Type: Production Facilities
Name: DIA W. AMBUSH-62S65W Number: 26NENE
County: DENVER
Qtr Qtr: NENE Section: 26 Township: 2S Range: 65W Meridian: 6
Latitude: 39.854010 Longitude: -104.624480

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 477941 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.855610 Longitude: -104.624650 PDOP: 1.4 Measurement Date: 10/01/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 322054 Location Type: Well Site No Location ID
Name: DIA W. AMBUSH-62S65W Number: 26NENE
County: DENVER
Qtr Qtr: NENE Section: 26 Township: 2S Range: 65W Meridian: 6
Latitude: 39.854010 Longitude: -104.624480

Flowline Start Point Riser

Latitude: 39.854010 Longitude: -104.624480 PDOP: Measurement Date: 11/15/2006
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: UNKNOWN Max Outer Diameter:(Inches) 2.000
Bedding Material: UNKNOWN Date Construction Completed: 11/01/2010
Maximum Anticipated Operating Pressure (PSI): 75 Testing PSI: 75
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: 10/30/2019 Email: PETROPRO@COMCAST.NET

Print Name: JULIE BRANTING Title: AGENT

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: 9/11/2020

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402226929	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)

