

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION Receive Date: 12/17/2019 Document Number: 402264088

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: 10651 Contact Person: Heather Mitchell Company Name: VERDAD RESOURCES LLC Phone: (720) 845-6917 Address: 5950 CEDAR SPRINGS ROAD Email: regulatory@verdadoil.com City: DALLAS State: TX Zip: 75235 Is the Operator a Tier One member of the Utility Notification Center of Colorado (UNCC) that participates in Colorado's One Call notification system? Yes [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 456563 Location Type: Well Site Name: Timbro 9-59 Number: 8A County: WELD Qtr Qtr: SWNW Section: 8 Township: 9N Range: 59W Meridian: 6 Latitude: 40.767703 Longitude: -104.010021

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: Flowline Type: Peripheral Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.766815 Longitude: -104.010004 PDOP: 2.0 Measurement Date: 11/28/2019 Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 456879 Location Type: Production Facilities [] No Location ID Name: Timbro 9-59 Number: 8B County: WELD Qtr Qtr: W2SW Section: 8 Township: 9N Range: 59W Meridian: 6 Latitude: 40.761695 Longitude: -104.009524

Flowline Start Point Riser

Latitude: 40.762111 Longitude: -104.009272 PDOP: 2.1 Measurement Date: 12/04/2019 Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 4.000
Bedding Material: Native Materials Date Construction Completed: 11/26/2019
Maximum Anticipated Operating Pressure (PSI): 1200 Testing PSI: 1861
Test Date: 10/07/2019

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: 12/17/2019 Email: regulatory@verdadoil.com

Print Name: Heather Mitchell Title: Regulatory 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: _____

Attachment Check List

Att Doc Num	Name
402264152	OFF-LOCATION FLOWLINE GEODATABASE GDB
402264336	PRESSURE TEST
402264339	FLOWLINE LAYOUT DRAWING

Total Attach: 3 Files