

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:  
09/04/2019  
Document Number:  
402165097

**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: 10634 Contact Person: Matt Trela  
Company Name: P O & G OPERATING LLC Phone: (713) 5898190  
Address: 5847 SAN FELIPE SUITE 3200 Email: matt\_trela@pogresources.com  
City: HOUSTON State: TX Zip: 77057  
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: 324940 Location Type: Production Facilities  
Name: BLEDSOE-611S51W Number: 34NENE  
County: KIT CARSON  
Qtr Qtr: NENE Section: 34 Township: 11S Range: 51W Meridian: 6  
Latitude: 39.051760 Longitude: -103.091080

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 478188 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 39.053959 Longitude: -103.092057 PDOP: \_\_\_\_\_ Measurement Date: 09/03/2019  
Equipment at End Point Riser: Heater Treater

**Flowline Start Point Location Identification**

Location ID: 324940 Location Type: Well Site  No Location ID  
Name: BLEDSOE-611S51W Number: 34NENE  
County: KIT CARSON  
Qtr Qtr: NENE Section: 34 Township: 11S Range: 51W Meridian: 6  
Latitude: 39.051760 Longitude: -103.091080

**Flowline Start Point Riser**

Latitude: 39.051760 Longitude: -103.091080 PDOP: \_\_\_\_\_ Measurement Date: 09/03/2019  
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: \_\_\_\_\_ Pipe Material: Fiberglass Max Outer Diameter:(Inches) \_\_\_\_\_  
Bedding Material: Native Materials Date Construction Completed: 08/26/2014  
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: 09/04/2019 Email: chris\_chamberlain@pogresources.com

Print Name: Chris Chamberlain Title: Ops Eng

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: 9/30/2020

## Conditions of Approval

**COA Type**

**Description**

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### Attachment Check List

**Att Doc Num**

**Name**

402165097	Form44 Submitted
402165101	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval

Total: 0 comment(s)

