

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: 08/18/2020 Document Number: 402469252

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, provide pre-abandonment notices, or report abandonment of Off-Location Flowlines, Flowline Systems, Produced Water Transfer Systems, or Crude Oil Transfer Lines or Systems as required by the 1100 Series Rules. The Form 44 shall also be submitted to register, report realignment, or report abandonment of Domestic Taps, and to report Grade 1 Gas Leaks from Flowlines per Rules 610 and

Operator Information

OGCC Operator Number: 10071 Contact Person: James Miller Company Name: HIGHPOINT OPERATING CORPORATION Phone: (720) 984-7460 Address: 555 17TH ST STE 3700 Email: jmiller@hpres.com City: DENVER State: CO Zip: 80202 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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 476919 Location Type: Production Facilities Name: NHF-Laura Number: 4-63-3 SWNW County: WELD Qtr: SWNW Section: 3 Township: 4N Range: 63W Meridian: 6 Latitude: 40.345083 Longitude: -104.433000

Description of Corrosion Protection

The main gathering and injection pipeline system is provided CP current through 4 impressed current cathodic protection systems located throughout our field. This location is not on this system, so the extent of its CP is delivered by Anode bags placed periodically along the right-of-way lines.

Description of Integrity Management Program

HPOC flowlines are pressure tested initially and periodically in accordance with the requirements of COGCC Rule 1104. Initial flowline pressure testing is conducted in accordance with Rule 1104.a and 1104.h prior to placing new flowlines into service. Annual and tri-annual flowline pressure testing is conducted as prescribed in Rule 1104. Flowlines are tested at OR above Max Anticipated Operating Pressure, which is determined by historical operations data or anticipated operating conditions. Flowline pressure tests are conducted for at least 30 minutes, unless otherwise specified by the particular industry standard. A pressure drop over the duration of the test exceeding 10% of the starting pressure is considered a failed test, unless the particular industry standard calls for a different threshold of failure. On-Location: Below Ground - Tri-annual pressure testing Above Ground - Monthly AVO inspections Off-Location - Annual pressure testing Dump Lines (in the event isolation is

Description of the construction method used for public by-ways, road crossings, sensitive wildlife habitats, sensitive areas, and natural and manmade watercourses (i.e., open trench, bored and cased, or bored only), if applicable.

Does not apply to location

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 476920 Flowline Type: Wellhead Line Action Type: Out of Service

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331526 Location Type: Well Site
Name: NHF-LAURA-64N63W Number: 3SWNW
County: WELD No Location ID
Qtr Qtr: SWNW Section: 3 Township: 4N Range: 63W Meridian: 6
Latitude: 40.343760 Longitude: -104.431490

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 02/02/1990
Maximum Anticipated Operating Pressure (PSI): 470 Testing PSI: 470
Test Date: 01/03/2020

OFF LOCATION FLOWLINE Out of Service

Date: 08/29/2019

Entire Line Removal

Partial Line Removal

Description of Out of Service:

Flowline removed from service prior to new rulemaking - bringing the line into compliance.
Line identifier: Laura_4-63-3_SWNW_05046303_0504633cb_01M

OPERATOR COMMENTS AND SUBMITTAL

Comments

[Empty text box for operator comments]

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 08/18/2020 Email: jmiller@hpres.com

Print Name: James Miller Title: Operations Technician

Based on the information provided herein, this Flowline Report complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: [Signature] Director of COGCC Date: 10/8/2020

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402469252	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)

