

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: 07/06/2020 Document Number: 402437780

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: 10713 Contact Person: Megan Lee Company Name: DARRAH OIL COMPANY LLC Phone: (316) 305-0113 Address: 125 N MARKET STE 1425 Email: Megan.Lee@darrahoil.com City: WICHITA State: KS Zip: 67202 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 [X]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 321618 Location Type: Production Facilities Name: LOWE-ARNOLD-615S46W Number: 26NENE County: CHEYENNE Qtr Qtr: NENE Section: 26 Township: 15S Range: 46W Meridian: 6 Latitude: 38.720830 Longitude: -102.519685

Description of Corrosion Protection Description of Integrity Management Program 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.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475916 Flowline Type: Production Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321618 Location Type: Well Site [] Name: LOWE-ARNOLD-615S46W Number: 26NENE County: CHEYENNE No Location ID Qtr Qtr: NENE Section: 26 Township: 15S Range: 46W Meridian: 6

Latitude: 38.721467 Longitude: -102.519909

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: Fiberglass Max Outer Diameter:(Inches) _____

Bedding Material: Native Materials Date Construction Completed: 12/07/1984

Maximum Anticipated Operating Pressure (PSI): 100 Testing PSI: 127

Test Date: 01/14/2020

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475915 Flowline Type: Production Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321939 Location Type: Well Site

Name: LOWE ARNOLD-615S46W Number: 26NWNE

County: CHEYENNE No Location ID

Qtr Qtr: NWNE Section: 26 Township: 15S Range: 46W Meridian: 6

Latitude: 38.719407 Longitude: -102.524069

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: Fiberglass Max Outer Diameter:(Inches) _____

Bedding Material: Native Materials Date Construction Completed: 08/28/2001

Maximum Anticipated Operating Pressure (PSI): 100 Testing PSI: 102

Test Date: 01/14/2020

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

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: 07/06/2020 Email: Megan.Lee@darrahoil.com

Print Name: Megan Lee Title: Analyst

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: 11/2/2020

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402437780	Form44 Submitted
402437782	OFF-LOCATION FLOWLINE GEODATABASE KML

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval

Total: 0 comment(s)

