

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:

10/15/2019

Document Number:

402206558

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: 10591 Contact Person: Duane Zimmerman
Company Name: AUGUSTUS ENERGY PARTNERS II LLC Phone: (406) 2945990
Address: 2016 GRAND AVENUE SUITE A Email: Dzimmerman@augustusenergy.com
City: BILLINGS State: MT Zip: 59102
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: 478539 Location Type: Manifold
Name: Wiley-36-3-97 Number: _____
County: RIO BLANCO
Qtr Qtr: NWNE Section: 36 Township: 3N Range: 97W Meridian: 6
Latitude: 40.190933 Longitude: -108.227839

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 478540 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.190933 Longitude: -108.227839 PDOP: _____ Measurement Date: 10/04/2019
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 430926 Location Type: _____ Well Site ☐ No Location ID
Name: BHR Number: O23-397
County: RIO BLANCO
Qtr Qtr: SESE Section: 23 Township: 3N Range: 97W Meridian: 6
Latitude: 40.208749 Longitude: -108.240578

Flowline Start Point Riser

Latitude: 40.209365 Longitude: -108.240622 PDOP: _____ Measurement Date: 10/04/2019
Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Flexspar Max Outer Diameter:(Inches) 4.000
Bedding Material: Native Materials Date Construction Completed: 11/20/2015
Maximum Anticipated Operating Pressure (PSI): 1500 Testing PSI: 1800
Test Date: 11/20/2016

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: 10/15/2019 Email: Dzimmerman@augustusenergy.com

Print Name: Duane Zimmerman Title: VP of Operations

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: 11/12/2020

Conditions of Approval

COA Type

Description

Attachment Check List

Att Doc Num

Name

402206558	Form44 Submitted
402206917	OFF-LOCATION FLOWLINE GEODATABASE KML
402208173	LAYOUT DRAWING-ACTUAL

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)

