

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION Receive Date: 10/29/2019 Document Number: 402210087

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: 10706 Contact Person: Kevin Oakes Company Name: D90 ENERGY LLC Phone: (832) 928-0646 Address: 202 TRAVIS STREET #402 Email: kevin@d90energy.com City: HOUSTON State: TX Zip: 77002 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: 434879 Location Type: Well Site Name: SNOWBIRD Number: 16-15 County: LINCOLN Qtr Qtr: SESE Section: 15 Township: 6S Range: 54W Meridian: 6 Latitude: 39.522910 Longitude: -103.419160

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.522907 Longitude: -103.419165 PDOP: Measurement Date: 10/02/2019 Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 440745 Location Type: Production Facilities [ ] No Location ID Name: SNOWBIRD TANK BATTERY Number: County: LINCOLN Qtr Qtr: SENE Section: 15 Township: 6S Range: 54W Meridian: 6 Latitude: 39.529110 Longitude: -103.416990

Flowline Start Point Riser

Latitude: 39.528926 Longitude: -103.417252 PDOP: Measurement Date: 10/02/2019 Equipment at Start Point Riser: Separator

**Flowline Description and Testing**

Type of Fluid Transferred: Natural Gas Pipe Material: polyethylene Max Outer Diameter:(Inches) 2.000  
Bedding Material: Native Materials Date Construction Completed: 11/10/2014  
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: 10/29/2019 Email: kevin@d90energy.com

Print Name: Kevin Oakes 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**

<b>Att Doc Num</b>	<b>Name</b>
402210090	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 1 Files