

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:

10/13/2020

Document Number:

402504943

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: 10651 Contact Person: Allison Schieber
Company Name: VERDAD RESOURCES LLC Phone: (720) 845-6909
Address: 1125 17TH STREET SUITE 550 Email: regulatory@verdadoil.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 ☒ No ☐

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 456879 Location Type: Well Site
Name: Timbro 9-59 Number: 8B
County: WELD
Qtr Qtr: W2SW Section: 8 Township: 9N Range: 59W Meridian: 6
Latitude: 40.761695 Longitude: -104.009524

Description of Corrosion Protection

Anode's are installed on steel flowlines. An annual water sampling program to determine corrosive fluids on all locations has been implemented. Poly lines are used wherever possible to prevent corrosion. Flowlines are sampled and truck treated with scale and corrosion inhibitor on an as needed basis. Failures are identified through AVO and annual inspections.

Description of Integrity Management Program

Integrity of flowlines are managed by conducting a 4-hour pressure test with installation of the line. Verdad adheres to rule 1104.j.2 by using a FLIR GF 320 infrared gas detection camera and an RD 7100 Line Locator. The Inspector annually conducts a survey using the camera to inspect for leaks along the entire length of the flowline. Other annual tests include static head tests on below-ground dump lines and function tests on isolation valves. Sites are monitored daily by lease operators trained to use sensory observation to inspect for leaks at the facility.

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: 476410 Flowline Type: Manifold Piping Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 456563 Location Type: Production Facilities ☐
Name: Timbro 9-59 Number: 8A
County: WELD No Location ID
Qtr Qtr: SWNW Section: 8 Township: 9N Range: 59W Meridian: 6
Latitude: 40.767703 Longitude: -104.010021
Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Pipe Material: HDPE Max Outer Diameter:(Inches) 3.000
Bedding Material: Native Materials Date Construction Completed: 11/15/2019
Maximum Anticipated Operating Pressure (PSI): 300 Testing PSI: 913
Test Date: 10/07/2019

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: 476409 Flowline Type: Manifold Piping Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 456563 Location Type: Production Facilities ☐
Name: Timbro 9-59 Number: 8A
County: WELD No Location ID
Qtr Qtr: SWNW Section: 8 Township: 9N Range: 59W Meridian: 6
Latitude: 40.767703 Longitude: -104.010021
Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 4.000
Bedding Material: Native Materials Date Construction Completed: 11/15/2019
Maximum Anticipated Operating Pressure (PSI): 300 Testing PSI: 933
Test Date: 10/07/2019

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: 476411 Flowline Type: Manifold Piping Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Tank

Flowline Start Point Location Identification

Location ID: 456563 Location Type: Well Site ☐

Name: Timbro 9-59 Number: 8A

County: WELD No Location ID

Qtr Qtr: SWNW Section: 8 Township: 9N Range: 59W Meridian: 6

Latitude: 40.767703 Longitude: -104.010021

Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: Produced Water Pipe Material: HDPE Max Outer Diameter:(Inches) 3.000

Bedding Material: Native Materials Date Construction Completed: 11/15/2019

Maximum Anticipated Operating Pressure (PSI): 300 Testing PSI: 931

Test Date: 10/07/2019

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 corrosion protection description, and integrity management description update per rule 1101.b(3)A.B.C.

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

Signed: _____ Date: 10/13/2020 Email: regulatory@verdadoil.com

Print Name: Allison Schieber Title: Sr. Regulatory 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: _____

Conditions of Approval

COA Type

Description

Attachment Check List

Att Doc Num

Name

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)

