

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: 01/19/2021 Document Number: 402574343

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 906.

Operator Information

OGCC Operator Number: 10144 Contact Person: JIMMY SLAYDEN Company Name: XOG OPERATING LLC Phone: (432) 934-1509 Address: P O BOX 352 Email: jslayden@xogoperating.com City: MIDLAND State: TX Zip: 79702 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: 479928 Location Type: Manifold Name: SUGARLOAF SALES METER Number: County: MOFFAT Qtr Qtr: NESE Section: 34 Township: 12N Range: 101W Meridian: 6 Latitude: 40.956305 Longitude: -108.728319

Description of Corrosion Protection

Sacraficial Annodes installed with pipeline.

Description of Integrity Management Program

Annual integrity test including: pressuring line to 210 psi, visual and sniff check of risers and right of way surface, and test sacraficial annodes.

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.

Open trenched in 1985. No crossings..

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 479929 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 312999 Location Type: Production Facilities [] Name: SUGARLOAF-612N101W Number: 34SENE County: MOFFAT No Location ID

Qtr Qtr: SENE Section: 34 Township: 12N Range: 101W Meridian: 6

Latitude: 40.958986 Longitude: -108.728190

Equipment at Start Point Riser: Meter

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.500

Bedding Material: UNKNOWN Date Construction Completed: 07/10/1985

Maximum Anticipated Operating Pressure (PSI): 150 Testing PSI: 150

Test Date: 05/16/2020

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 479930 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 312996 Location Type: Production Facilities

Name: SUGARLOAF-612N101W Number: 34SWSW

County: MOFFAT No Location ID

Qtr Qtr: SWSW Section: 34 Township: 12N Range: 101W Meridian: 6

Latitude: 40.952516 Longitude: -108.740350

Equipment at Start Point Riser: Meter

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.500

Bedding Material: UNKNOWN Date Construction Completed: 06/28/1985

Maximum Anticipated Operating Pressure (PSI): 150 Testing PSI: 150

Test Date: 05/17/2020

OPERATOR COMMENTS AND SUBMITTAL

Comments

Tests 5/17/20 done with a digital gauge. No chart to Submit.

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

Signed: _____ Date: 01/19/2021 Email: acrawford@xogoperating.com

Print Name: Angie Crawford Title: Prod/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: 5/5/2021

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402574343	Form44 Submitted
402574372	OFF-LOCATION FLOWLINE GIS DATA

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

GIS	No GIS attached; GIS required per Rule 1101.b.(2)	05/05/2021
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Total: 1 comment(s)