

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:

11/25/2020

Document Number:

402536995

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: 10261 Contact Person: Andy Verbonitz
Company Name: BAYSWATER EXPLORATION & PRODUCTION LLC Phone: (303) 8932503
Address: 730 17TH ST STE 500 Email: averbonitz@bayswater.us
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: 302312 Location Type: Production Facilities
Name: DRAKE-67N66W Number: 18SWNE
County: WELD
Qtr Qtr: SWNE Section: 18 Township: 7N Range: 66W Meridian: 6
Latitude: 40.575920 Longitude: -104.819550

Description of Corrosion Protection

corrosion inhibitor batch treatments

Description of Integrity Management Program

Annual Pressure Test to MAOP & Continuous Pressure Monitoring

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.

N/A

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462785 Flowline Type: Production Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302312 Location Type: Production Facilities ☐
Name: DRAKE-67N66W Number: 18SWNE
County: WELD No Location ID
Qtr Qtr: SWNE Section: 18 Township: 7N Range: 66W Meridian: 6

Latitude: 40.575920 Longitude: -104.819550

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 10/14/2008
Maximum Anticipated Operating Pressure (PSI): 1200 Testing PSI: 888
Test Date: 11/04/2019

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: 462788 Flowline Type: Production Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302311 Location Type: Production Facilities ☐
Name: DRAKE-67N66W Number: 18NWNE
County: WELD No Location ID
Qtr Qtr: NWNE Section: 18 Township: 7N Range: 66W Meridian: 6
Latitude: 40.580660 Longitude: -104.819540

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Other Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 10/08/2008
Maximum Anticipated Operating Pressure (PSI): 1200 Testing PSI: 755
Test Date: 11/04/2019

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

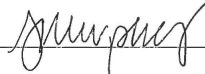
Date:

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

OPERATOR COMMENTS AND SUBMITTAL

Comments

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 11/25/2020 Email: regulatory@ascentgeomatics.com
Print Name: Justin Garrett Title: 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: 5/12/2021

Conditions of Approval

COA Type

Description

Attachment Check List

Att Doc Num

Name

402536995	Form44 Submitted
402539400	PRESSURE TEST
402539401	PRESSURE TEST
402540282	OFF-LOCATION FLOWLINE GEODATABASE GDB
402682261	OFF-LOCATION FLOWLINE GIS GDB

Total Attach: 5 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)