

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: 03/11/2020 Document Number: 402338907

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

Operator Information

OGCC Operator Number: 10699 Contact Person: Pat Dolezal Company Name: OWN RESOURCES OPERATING LLC Phone: (970) 332-3585 Address: 36695 US-385 Email: pat.dolezal@ownresources.com City: WRAY State: CO Zip: 80758 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: 466278 Location Type: Production Facilities Name: State Number: 36-10 County: YUMA Qtr Qtr: NWSE Section: 36 Township: 1N Range: 46W Meridian: 6 Latitude: 40.007864 Longitude: -102.454268

Description of Corrosion Protection Description of Integrity Management Program 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: 466284 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Meter

Flowline Start Point Location Identification

Location ID: 310898 Location Type: Well Site [ ] Name: STATE-61N46W Number: 36SWSW County: YUMA No Location ID Qtr Qtr: SWSW Section: 36 Township: 1N Range: 46W Meridian: 6

Latitude: 40.003780 Longitude: -102.469030

Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 2.000  
Bedding Material: Date Construction Completed: 12/04/2008  
Maximum Anticipated Operating Pressure (PSI): Testing PSI: 119  
Test Date: 09/25/2018

**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: 466288 Flowline Type: Wellhead Line Action Type:

**OFF LOCATION FLOWLINE REGISTRATION**

Equipment at End Point Riser: Meter

**Flowline Start Point Location Identification**

Location ID: 310897 Location Type: Well Site   
Name: STATE-61N46W Number: 36SWSE  
County: YUMA No Location ID  
Qtr Qtr: SWSE Section: 36 Township: 1N Range: 46W Meridian: 6  
Latitude: 40.004750 Longitude: -102.461030

Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 2.000  
Bedding Material: Date Construction Completed: 12/08/2008  
Maximum Anticipated Operating Pressure (PSI): Testing PSI: 93  
Test Date: 05/14/2018

**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: 466285 Flowline Type: Wellhead Line Action Type: Abandonment Verification

**OFF LOCATION FLOWLINE REGISTRATION**

Equipment at End Point Riser: Meter

**Flowline Start Point Location Identification**

Location ID: 310896 Location Type: Well Site   
Name: STATE-61N46W Number: 36SESE  
County: YUMA No Location ID  
Qtr Qtr: SESE Section: 36 Township: 1N Range: 46W Meridian: 6  
Latitude: 40.004180 Longitude: -102.457080

Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 2.000  
Bedding Material: Date Construction Completed: 12/08/2008  
Maximum Anticipated Operating Pressure (PSI): Testing PSI: 60  
Test Date: 05/14/2018

**OFF LOCATION FLOWLINE Abandonment Verification**

Date: 03/27/2020

**Abandonment Verification**

The abandoned Off-Location Flowline was located within the jurisdiction(s) of the following local government(s).

(No Jurisdiction)

**Description of Abandonment Verification:**

Flowline was abandoned per Rule 1105.e(1-5)

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 466283 Flowline Type: Wellhead Line Action Type:

**OFF LOCATION FLOWLINE REGISTRATION**

Equipment at End Point Riser: Meter

**Flowline Start Point Location Identification**

Location ID: 338364 Location Type: Well Site   
Name: STATE-61N46W Number: 36NWSE  
County: YUMA No Location ID  
Qtr Qtr: NWSE Section: 36 Township: 1N Range: 46W Meridian: 6  
Latitude: 40.008440 Longitude: -102.461080

Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 2.000  
Bedding Material: Date Construction Completed: 12/06/2008  
Maximum Anticipated Operating Pressure (PSI): Testing PSI: 70  
Test Date: 05/14/2018

**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:**

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**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 466287 Flowline Type: Wellhead Line Action Type: \_\_\_\_\_

**OFF LOCATION FLOWLINE REGISTRATION**

Equipment at End Point Riser: Meter

**Flowline Start Point Location Identification**

Location ID: 310901 Location Type: Well Site   
Name: STATE-61N46W Number: 36NSW  
County: YUMA No Location ID  
Qtr Qtr: NWSW Section: 36 Township: 1N Range: 46W Meridian: 6  
Latitude: 40.008850 Longitude: -102.469820

Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 2.000  
Bedding Material: \_\_\_\_\_ Date Construction Completed: 12/02/2008  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: 77  
Test Date: 12/17/2018

**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: 466286 Flowline Type: Wellhead Line Action Type: \_\_\_\_\_

**OFF LOCATION FLOWLINE REGISTRATION**

Equipment at End Point Riser: Meter

**Flowline Start Point Location Identification**

Location ID: 310899 Location Type: Well Site   
Name: STATE-61N46W Number: 36NESW  
County: YUMA No Location ID  
Qtr Qtr: NESW Section: 36 Township: 1N Range: 46W Meridian: 6  
Latitude: 40.008370 Longitude: -102.466450

Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 2.000  
Bedding Material: \_\_\_\_\_ Date Construction Completed: 12/02/2008  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: 68  
Test Date: 12/17/2018

**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: 03/11/2020 Email: pat.dolezal@ownresources.com

Print Name: Pat Dolezal Title: Regulatory Specialist

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**

**Att Doc Num**

**Name**

\_\_\_\_\_

Total Attach: 0 Files