

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

10/16/2019

Document Number:

402201811

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: 79905 Contact Person: Vicki Shelley
Company Name: SMITH OIL PROPERTIES INC Phone: (303) 825-7405
Address: PO BOX 219 Email: smithoilprop@aol.com
City: BYERS State: CO Zip: 80103
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: 318011 Location Type: Production Facilities
Name: PRESTON (LANYARD WATERFLOOD)-62N62W Number: 18NWSE
County: WELD
Qtr Qtr: NWSE Section: 18 Township: 2N Range: 62W Meridian: 6
Latitude: 40.136720 Longitude: -104.364670

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.145455 Longitude: -104.364601 PDOP: Measurement Date: 09/23/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 318011 Location Type: Well Site [] No Location ID
Name: PRESTON (LANYARD WATERFLOOD)-62N62W Number: 18NWSE
County: WELD
Qtr Qtr: NWSE Section: 18 Township: 2N Range: 62W Meridian: 6
Latitude: 40.136720 Longitude: -104.364670

Flowline Start Point Riser

Latitude: 40.136713 Longitude: -104.364664 PDOP: Measurement Date: 09/23/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 05/02/1977
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: 10/16/2019 Email: smithoilprop@aol.com

Print Name: Vicki Shelley Title: President

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
402210497	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 1 Files