

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

10/16/2019

Document Number:

402204459

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 (CO811) that participates in Colorado's One Call notification system? Yes ☒ No ☐

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 319943 Location Type: Gathering Line
Name: ROBIN LYNN-63S61W Number: 7SWSW
County: ADAMS
Qtr Qtr: SWSW Section: 7 Township: 3S Range: 61W Meridian: 6
Latitude: 39.798514 Longitude: -104.261731

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 480326 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.798123 Longitude: -104.262007 PDOP: Measurement Date: 09/23/2019
Equipment at End Point Riser: Meter

Flowline Start Point Location Identification

Location ID: 480322 Location Type: Production Facilities ☐ No Location ID
Name: VICKI I-63S61W 8NESW Battery Number:
County: ADAMS
Qtr Qtr: NESW Section: 8 Township: 3S Range: 61W Meridian: 6
Latitude: 39.802051 Longitude: -104.236573

Flowline Start Point Riser

Latitude: 39.802051 Longitude: -104.236573 PDOP: Measurement Date: 09/19/2019
Equipment at Start Point Riser: Separator

Flowline Description and TestingType of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000Bedding Material: Native Materials Date Construction Completed: 03/10/2006

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.comPrint 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: 7/28/2021

Conditions of Approval

COA Type

Description

Attachment Check List

Att Doc Num

Name

402204459	Form44 Submitted
402762768	OFF-LOCATION FLOWLINE GIS SHP

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

Engineer	Used location id #480322 VICKI I-63S61W 8NESW Battery for start location due to distance from start riser.	07/28/2021
GIS	Removed and reattached the GIS file to re-initiate import into COGCC database.	07/28/2021

Total: 2 comment(s)