

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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OGCC RECEPTION
Receive Date:
10/16/2019
Document Number:
402195047

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: 10679 Contact Person: LARISSA FARRELL
Company Name: LOGOS OPERATING LLC Phone: (505) 787-2027
Address: 2010 AFTON PLACE Email: lfarrell@logosresourcesllc.com
City: FARMINGTON State: NM Zip: 87401
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: 480335 Location Type: Production Facilities
Name: BONDAD 33-9 Number: #5
County: LA PLATA
Qtr Qtr: NWSW Section: 3 Township: 33N Range: 9W Meridian: N
Latitude: 37.131740 Longitude: -107.819016

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 480336 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 37.131740 Longitude: -107.819016 PDOP: 3.0 Measurement Date: 09/06/2019
Equipment at End Point Riser: Meter

Flowline Start Point Location Identification

Location ID: 325172 Location Type: Production Facilities No Location ID
Name: BONDAD 33-9-N33N9W Number: 3NWSW
County: LA PLATA
Qtr Qtr: NWSW Section: 3 Township: 33N Range: 9W Meridian: N
Latitude: 37.130460 Longitude: -107.818340

Flowline Start Point Riser

Latitude: 37.130708 Longitude: -107.818473 PDOP: 2.9 Measurement Date: 09/13/2019
Equipment at Start Point Riser: Meter

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000

Bedding Material: Native Materials Date Construction Completed: 08/23/1955

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: cjones@ltenv.com

Print Name: CHRIS JONES Title: STAFF BIOLOGIST

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: 7/29/2021

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402195047	Form44 Submitted
402764773	OFF-LOCATION FLOWLINE GIS SHP

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

Engineer	Created Location #480335 BONDAD 33-9 #5 for end location	07/29/2021
GIS	Removed and reattached the GIS file to re-initiate import into COGCC database.	07/29/2021

Total: 2 comment(s)