

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:

11/30/2020

Document Number:

402542452

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: 31257 Contact Person: Gene Fritzler
Company Name: FRITZLER RESOURCES INC Phone: (970) 7680845
Address: P O BOX 114 Email: gfrizler12@gmail.com
City: FORT MORGAN State: CO Zip: 80701

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: 475127 Location Type: Production Facilities
Name: JOLLY_TrT_Manifold Number: 18SENE
County: WASHINGTON
Qtr Qtr: SENE Section: 18 Township: 3S Range: 55W Meridian: 6
Latitude: 39.793622 Longitude: -103.577982

Description of Corrosion Protection

Corrosion inhibitor is circulated
Risers are taped ,

Description of Integrity Management Program

Flowlines are tested annually at production pressure,
Wellhead and Treater Pressures are monitored regularly

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.

NP

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475130 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 317097 Location Type: Well Site
Name: JOLLY-63S55W Number: 18NENE

County: WASHINGTON

No Location ID

Qtr Qtr: NENE Section: 18 Township: 3S Range: 55W Meridian: 6

Latitude: 39.795614 Longitude: -103.577033

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000

Bedding Material: Native Materials Date Construction Completed: 06/10/1972

Maximum Anticipated Operating Pressure (PSI): 70 Testing PSI: 70

Test Date: 06/11/2019

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: 475129 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 317094 Location Type: Well Site

Name: CHAS JOLLY-63S55W Number: 18SENE

County: WASHINGTON No Location ID

Qtr Qtr: SENE Section: 18 Township: 3S Range: 55W Meridian: 6

Latitude: 39.792514 Longitude: -103.577265

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: _____ Date Construction Completed: 02/16/1972

Maximum Anticipated Operating Pressure (PSI): 70 Testing PSI: 70

Test Date: 06/11/2019

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: 11/30/2020 Email: gfritzler12@gmail.com

Print Name: Gene Fritzler Title: VP

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: 7/30/2021

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402542452	Form44 Submitted
402542472	OFF-LOCATION FLOWLINE GEODATABASE KML
402542473	OFF-LOCATION FLOWLINE GEODATABASE KML
402766402	OFF-LOCATION FLOWLINE GIS KML
402766403	OFF-LOCATION FLOWLINE GIS KML

Total Attach: 5 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)