

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: 07/22/2021 Document Number: 402746607

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: 82440 Contact Person: Shannon Chollett Company Name: STEHLE OIL COMPANY Phone: (970) 250-0130 Address: P O BOX 1577 Email: shannon.chollett@state.co.us City: CRAIG State: CO Zip: 81626 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: 312978 Location Type: Produced Water Transfer System Name: ILES DOME-64N92W Number: 23NWNE County: MOFFAT Qtr Qtr: NWNE Section: 23 Township: 4N Range: 92W Meridian: 6 Latitude: 40.308500 Longitude: -107.678681

Description of Corrosion Protection NA

Description of Integrity Management Program NA

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. NA

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 480348 Flowline Type: Process Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Tank

Flowline Start Point Location Identification

Location ID: 312978 Location Type: Production Facilities [] Name: ILES DOME-64N92W Number: 23NWNE County: MOFFAT No Location ID

Qtr Qtr: NWNE Section: 23 Township: 4N Range: 92W Meridian: 6

Latitude: 40.308500 Longitude: -107.678681

Equipment at Start Point Riser: Tank

Flowline Description and Testing

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

Bedding Material: _____ Date Construction Completed: 08/31/1984

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

Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

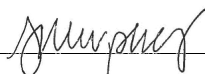
This flowline is 3" carbon steel.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 07/22/2021 Email: shannon.chollett@state.co.us

Print Name: Shannon Chollett Title: OWP Engineer

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: 8/2/2021

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402746607	Form44 Submitted
402762718	OFF-LOCATION FLOWLINE GIS GDB

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval

Total: 0 comment(s)