

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:

12/23/2020

Document Number:

402222405

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: 17180 Contact Person: Lee Ann Elsom
Company Name: CITATION OIL & GAS CORP Phone: (281) 891-1577
Address: 14077 CUTTEN RD Email: lelsom@cogc.com
City: HOUSTON State: TX Zip: 77069
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: 321932 Location Type: Production Facilities
Name: HOFFMAN STATE 41-36-614S45W Number: 36NENE
County: CHEYENNE
Qtr Qtr: NENE Section: 36 Township: 14S Range: 45W Meridian: 6
Latitude: 38.796547 Longitude: -102.390439

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 480405 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 38.796546 Longitude: -102.388788 PDOP: Measurement Date: 10/25/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321932 Location Type: Well Site ☐ No Location ID
Name: HOFFMAN STATE 41-36-614S45W Number: 36NENE
County: CHEYENNE
Qtr Qtr: NENE Section: 36 Township: 14S Range: 45W Meridian: 6
Latitude: 38.796547 Longitude: -102.390439

Flowline Start Point Riser

Latitude: 38.796547 Longitude: -102.390439 PDOP: Measurement Date: 10/25/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: Fiberglass Max Outer Diameter:(Inches) 3.500
Bedding Material: _____ Date Construction Completed: 03/19/1996
Maximum Anticipated Operating Pressure (PSI): 100 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: 12/23/2020 Email: HKennedy@cogc.com

Print Name: Herschel Kennedy Title: Senior Production Foreman

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: 8/13/2021

Conditions of Approval

COA Type

Description

Attachment Check List

Att Doc Num

Name

402222405	Form44 Submitted
402560184	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)