

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:

402223253

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: 321676 Location Type: Production Facilities
Name: ARAPAHOE UNIT-614S42W Number: 28NENE
County: CHEYENNE
Qtr Qtr: NENE Section: 28 Township: 14S Range: 42W Meridian: 6
Latitude: 38.811505 Longitude: -102.111605

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 480503 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 38.812989 Longitude: -102.113057 PDOP: Measurement Date: 10/28/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321676 Location Type: Well Site ☐ No Location ID
Name: ARAPAHOE UNIT-614S42W Number: 28NENE
County: CHEYENNE
Qtr Qtr: NENE Section: 28 Township: 14S Range: 42W Meridian: 6
Latitude: 38.811505 Longitude: -102.111605

Flowline Start Point Riser

Latitude: 38.811505 Longitude: -102.111605 PDOP: Measurement Date: 10/28/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: Fiberglass Max Outer Diameter:(Inches) 3.500
Bedding Material: Native Materials Date Construction Completed: 10/20/1987
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: Hershel 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: 8/17/2021

Conditions of Approval

COA Type

Description

Attachment Check List

Att Doc Num

Name

402223253

Form44 Submitted

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)