

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 [X] 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



## Conditions of Approval

**COA Type**

**Description**

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## Attachment Check List

**Att Doc Num**

**Name**

402223253	Form44 Submitted
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Total Attach: 1 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)