

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:

402224193

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: 480547 Location Type: Production Facilities  
Name: Gray's-State Battery Number:  
County: CHEYENNE  
Qtr Qtr: NESE Section: 36 Township: 12S Range: 51W Meridian: 6  
Latitude: 38.959325 Longitude: -103.055744

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 480625 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 38.959325 Longitude: -103.055744 PDOP: Measurement Date: 10/28/2019  
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321680 Location Type: Well Site  No Location ID  
Name: UPRC GRAYS-STATE 44-36-612S51W Number: 36SESE  
County: CHEYENNE  
Qtr Qtr: SESE Section: 36 Township: 12S Range: 51W Meridian: 6  
Latitude: 38.954320 Longitude: -103.054570

Flowline Start Point Riser

Latitude: 38.954320 Longitude: -103.054570 PDOP: Measurement Date: 10/28/2019  
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: 10/24/1987  
Maximum Anticipated Operating Pressure (PSI): 100 Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 480626 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 38.959325 Longitude: -103.055744 PDOP: \_\_\_\_\_ Measurement Date: 10/28/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 321673 Location Type: Well Site  No Location ID  
Name: GRAYS-STATE 33-36-612S51W Number: 36NWSE  
County: CHEYENNE  
Qtr Qtr: NWSE Section: 36 Township: 12S Range: 51W Meridian: 6  
Latitude: 38.957210 Longitude: -103.058943

**Flowline Start Point Riser**

Latitude: 38.957210 Longitude -103.058943 PDOP: \_\_\_\_\_ Measurement Date: 10/28/2019  
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: 08/01/1987  
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: 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: 8/30/2021

## Conditions of Approval

**COA Type**

**Description**

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## Attachment Check List

**Att Doc Num**

**Name**

402224193	Form44 Submitted
402560244	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 2 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval

Total: 0 comment(s)