

**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:

402224758

**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: 321814 Location Type: Production Facilities  
Name: STEELE 44C-3-613S43W Number: 3SESE  
County: CHEYENNE  
Qtr Qtr: SESE Section: 3 Township: 13S Range: 43W Meridian: 6  
Latitude: 38.945364 Longitude: -102.205429

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 480703 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 38.944401 Longitude: -102.205059 PDOP: Measurement Date: 10/29/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 321814 Location Type: Well Site ☐ No Location ID  
Name: STEELE 44C-3-613S43W Number: 3SESE  
County: CHEYENNE  
Qtr Qtr: SESE Section: 3 Township: 13S Range: 43W Meridian: 6  
Latitude: 38.945364 Longitude: -102.205429

**Flowline Start Point Riser**

Latitude: 38.945364 Longitude: -102.205429 PDOP: Measurement Date: 10/29/2019  
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: 09/10/1989  
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: 8/31/2021

## Conditions of Approval

**COA Type**

**Description**

## Attachment Check List

**Att Doc Num**

**Name**

402224758	Form44 Submitted
402560273	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)