

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:
402224837

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: 321849 Location Type: Production Facilities
Name: WAMSLEY SWD-614S42W Number: 5NWNW
County: CHEYENNE
Qtr Qtr: NWNW Section: 5 Township: 14S Range: 42W Meridian: 6
Latitude: 38.870144 Longitude: -102.144491

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 480709 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 38.870910 Longitude: -102.145910 PDOP: Measurement Date: 10/29/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321849 Location Type: Well Site No Location ID
Name: WAMSLEY SWD-614S42W Number: 5NWNW
County: CHEYENNE
Qtr Qtr: NWNW Section: 5 Township: 14S Range: 42W Meridian: 6
Latitude: 38.870144 Longitude: -102.144491

Flowline Start Point Riser

Latitude: 38.870144 Longitude: -102.144491 PDOP: Measurement Date: 10/29/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 05/08/1990
Maximum Anticipated Operating Pressure (PSI): _____ 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

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Attachment Check List

Att Doc Num

Name

402224837	Form44 Submitted
402560275	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval

Total: 0 comment(s)