

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

10/15/2019

Document Number:

402204030

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: 88370 Contact Person: Todd Pivonka
Company Name: TIMKA RESOURCES LTD Phone: (970) 667-9861
Address: 2116 EAST HIGHWAY 402 Email: timkaresources@hotmail.com
City: LOVELAND State: CO Zip: 80537
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: 312211 Location Type: Production Facilities
Name: KIRK-LYNCH-69N53W Number: 17SWNW
County: LOGAN
Qtr Qtr: SWNW Section: 17 Township: 9N Range: 53W Meridian: 6
Latitude: 40.754250 Longitude: -103.323420

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 480661 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.748406 Longitude: -103.323944 PDOP: Measurement Date: 10/01/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 312211 Location Type: Well Site ☐ No Location ID
Name: KIRK-LYNCH-69N53W Number: 17SWNW
County: LOGAN
Qtr Qtr: SWNW Section: 17 Township: 9N Range: 53W Meridian: 6
Latitude: 40.754250 Longitude: -103.323420

Flowline Start Point Riser

Latitude: 40.754264 Longitude: -103.323428 PDOP: Measurement Date: 10/01/2019
Equipment at Start Point Riser: Well

Flowline Description and TestingType of Fluid Transferred: Crude Oil Emulsion Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000Bedding Material: Native Materials Date Construction Completed: 01/01/1967Maximum Anticipated Operating Pressure (PSI): 20 Testing PSI: 20Test Date: 09/11/2019**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: 10/15/2019 Email: timkaresources@hotmail.comPrint Name: Todd Pivonka Title: Agent

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: 9/2/2021

Conditions of Approval

COA Type

Description

Attachment Check List

Att Doc Num

Name

402204030	Form44 Submitted
402801230	OFF-LOCATION FLOWLINE GIS SHP

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

GIS	Re-attached GIS File to import it into database.	09/02/2021
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Total: 1 comment(s)