

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: 11/18/2020 Document Number: 402465691

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, provide pre-abandonment notices, or report abandonment of Off-Location Flowlines, Flowline Systems, Produced Water Transfer Systems, or Crude Oil Transfer Lines or Systems as required by the 1100 Series Rules. The Form 44 shall also be submitted to register, report realignment, or report abandonment of Domestic Taps, and to report Grade 1 Gas Leaks from Flowlines per Rules 610 and 906.

Operator Information

OGCC Operator Number: 10112 Contact Person: Alyssa Beard Company Name: FOUNDATION ENERGY MANAGEMENT LLC Phone: (303) 244-8114 Address: 5057 KELLER SPRINGS RD STE 650 Email: form44@foundationenergy.com City: ADDISON State: TX Zip: 75001 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: 467692 Location Type: Production Facilities Name: POWELL 30-14-11 BATTERY Number: County: WELD Qtr Qtr: SESW Section: 30 Township: 8N Range: 60W Meridian: 6 Latitude: 40.626134 Longitude: -104.137547

Description of Corrosion Protection

Corrosion mitigation methods may include chemical treatment, mechanical cleaning, physical barriers, or where feasible, alternative materials.

Description of Integrity Management Program

Foundation incorporates monthly AVOs and pressure testing to ensure flowline integrity.

Description of the construction method used for public by-ways, road crossings, sensitive wildlife habitats, sensitive areas, and natural and manmade watercourses (i.e., open trench, bored and cased, or bored only), if applicable.

Foundation does not bore under sensitive areas or public by-ways; not applicable.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 468349 Flowline Type: Wellhead Line Action Type: Out of Service

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 330675 Location Type: Well Site Name: DOC POWELL-68N60W Number: 30SESW

County: WELD

No Location ID

Qtr Qtr: SESW Section: 30 Township: 8N Range: 60W Meridian: 6

Latitude: 40.627670 Longitude: -104.137847

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000

Bedding Material: Native Materials Date Construction Completed: 01/01/1999

Maximum Anticipated Operating Pressure (PSI): 100 Testing PSI: _____

Test Date: _____

OFF LOCATION FLOWLINE Out of Service

Date: 04/01/2019

Entire Line Removal

Partial Line Removal

Description of Out of Service:

Start point location (330675), DOC Powell 30-14-11 well, is shut in.

OPERATOR COMMENTS AND SUBMITTAL

Comments Information is being submitted for December 1, 2020 update.

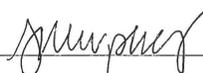
Update 11/18/20-- Diameter attribute and shapefile name have been updated. Flowline Facility ID 468349 has been updated to out of service status on this Form 44.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 11/18/2020 Email: aiiams@foundationenergy.com

Print Name: Afton Iiams Title: HSE/Regulatory Technician

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: 10/25/2021

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

| | |
|-----------|---------------------------------------|
| 402465691 | Form44 Submitted |
| 402534964 | OFF-LOCATION FLOWLINE GEODATABASE SHP |

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

| | | Stamp Upon Approval |
|--|--|------------------------|

Total: 0 comment(s)