

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: 02/24/2020 Document Number: 402321299

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: 10725 Contact Person: AMY RICHARDS Company Name: VALKYRIE OPERATING LLC Phone: (254) 681-8802 Address: 1600 STOUT STREET SUITE 1000 Email: arichards@valkyrieoperating.com City: DENVER State: CO Zip: 80202 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: 446566 Location Type: Manifold Name: Gov Disposal Facility Location Number: C-1041 County: RIO BLANCO Qtr Qtr: NWNE Section: 25 Township: 2N Range: 102W Meridian: 6 Latitude: 40.119502 Longitude: -108.790612

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.119502 Longitude: -108.790612 PDOP: Measurement Date: 11/29/2019 Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 314997 Location Type: Produced Water Transfer System [] No Location ID Name: FEDERAL-62N101W Number: 30NWNW County: RIO BLANCO Qtr Qtr: NWNW Section: 30 Township: 2N Range: 101W Meridian: 6 Latitude: 40.118806 Longitude: -108.779703

Flowline Start Point Riser

Latitude: 40.118806 Longitude: -108.779703 PDOP: Measurement Date: 11/29/2019 Equipment at Start Point Riser: Tank

Flowline Description and Testing

Type of Fluid Transferred: Produced Water Pipe Material: STEEL/POLY Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 09/19/1975
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.119502 Longitude: -108.790612 PDOP: _____ Measurement Date: 11/29/2019
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 314953 Location Type: Produced Water Transfer System No Location ID
Name: GOVERNMENT C-1041-62N102W Number: 25NENE
County: RIO BLANCO
Qtr Qtr: NENE Section: 25 Township: 2N Range: 102W Meridian: 6
Latitude: 40.119246 Longitude: -108.784143

Flowline Start Point Riser

Latitude: 40.119246 Longitude -108.784143 PDOP: _____ Measurement Date: 11/29/2019
Equipment at Start Point Riser: Tank

Flowline Description and Testing

Type of Fluid Transferred: Produced Water Pipe Material: STEEL/POLY Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 08/01/1981
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: 02/24/2020 Email: arichards@valkyrieoperating.com
Print Name: AMY RICHARDS Title: OPERATIONS ADMINISTRATOR

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: _____

Attachment Check List

Att Doc Num **Name**

402321340	LAYOUT DRAWING-ACTUAL
402321361	LAYOUT DRAWING-PROPOSED

Total Attach: 2 Files