

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: 10/29/2020 Document Number: 402519587

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

Operator Information

OGCC Operator Number: 81480 Contact Person: Kathleen Spring Company Name: THOMAS L SPRING LLC Phone: (303) 7711889 Address: 7400 E ORCHARD RD STE 106-S Email: kathleenspring3@gmail.com City: GREENWOOD State: CO Zip: 80111 VILLAGE 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: 470672 Location Type: Production Facilities Name: Haskell Number: County: KIOWA Qtr Qtr: SWSE Section: 33 Township: 20S Range: 48W Meridian: 6 Latitude: 38.269369 Longitude: -102.793849

Description of Corrosion Protection

HDPE pipe material was used to help with corrosion protection.

Description of Integrity Management Program

We have Gas Ops Leak Detectives, LLC conduct both AVO & AIMM inspections. We also use an oilfield service company for our repairs and needed maintenance.

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.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470742 Flowline Type: Production Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Meter

Flowline Start Point Location Identification

Location ID: 324883 Location Type: Well Site [] Name: HASKELL-620S48W Number: 33NWSE KIOWA No Location ID

County: _____ Meridian: 6

Qtr Qtr: NWSE Section: 33 Township: 20S Range: 48W

Latitude: 38.272823 Longitude: -102.791504

Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 2.000

Bedding Material: Native Materials Date Construction Completed: 02/10/1998

Maximum Anticipated Operating Pressure (PSI): 10 Testing PSI: _____

Test Date: _____

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

OPERATOR COMMENTS AND SUBMITTAL

Comments The addition of our GIS zip file attachment, Corrosion Protection plan, and Integrity Management plan are all being submitted for the December 1, 2020 Update.

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

Signed: _____ Date: 10/29/2020 Email: kathleenspring3@gmail.com

Print Name: Kathleen Spring Title: Manager

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: _____

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402519593	OFF-LOCATION FLOWLINE GEODATABASE SHP
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

