

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: 12/15/2021 Document Number: 402899300

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: 7125 Contact Person: Sarah Stepp
Company Name: BEEMAN OIL & GAS LLC Phone: (720) 377-3336
Address: 3401 QUEBEC ST SUITE 9105 Email: wccassistant@gmail.com
City: DENVER State: CO Zip: 80207
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: 312962 Location Type: Production Facilities
Name: ELK SPRINGS UNIT-65N98W Number: 30SWSE
County: MOFFAT
Qtr Qtr: SWSE Section: 30 Township: 5N Range: 98W Meridian: 6
Latitude: 40.349835 Longitude: -108.443815

Description of Corrosion Protection
Description of Integrity Management Program
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: 475488 Flowline Type: Production Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 311768 Location Type: Well Site []
Name: ELK SPRINGS UNIT-65N98W Number: 30NWSE
County: MOFFAT No Location ID

Qtr Qtr: NWSE Section: 30 Township: 5N Range: 98W Meridian:
Latitude: 40.353415 Longitude: -108.444965

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: poly Max Outer Diameter:(Inches) 1.000
Bedding Material: Native Materials Date Construction Completed: 09/05/2016
Maximum Anticipated Operating Pressure (PSI): 100 Testing PSI: 150
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

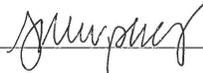
Comments

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

Signed: _____ Date: 12/15/2021 Email: wcciassistant@gmail.com

Print Name: Sarah Stepp 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: 12/17/2021

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402899300	Form44 Submitted
402899302	OFF-LOCATION FLOWLINE GIS KML
402902604	OFF-LOCATION FLOWLINE GIS KML

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval

Total: 0 comment(s)