

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

01/20/2022

Document Number:

402900219

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: 3250 Contact Person: Jodi Keeler
Company Name: ANTELOPE ENERGY COMPANY LLC Phone: (308) 235-4661
Address: P O BOX 577 Email: jodik@antelope-energy.com
City: KIMBALL State: NE Zip: 69145
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: 420179 Location Type: Production Facilities
Name: State Number: 9-61-16
County: WELD
Qtr Qtr: SESE Section: 16 Township: 9N Range: 61W Meridian: 6
Latitude: 40.743690 Longitude: -104.203810

Description of Corrosion Protection

This is a PVC line.

Description of Integrity Management Program

Surface is visually inspected monthly. Pressure tested annually. Last pressure test was conducted 7-7-2021.

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.

N/A

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 479709 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 420179 Location Type: Well Site ☐
Name: State Number: 9-61-16
WELD No Location ID

County:

Meridian: 6

Qtr Qtr: SESE Section: 16 Township: 9N Range: 61W

Latitude: 40.743690 Longitude: -104.203810

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: PVC Max Outer Diameter:(Inches) 1.000

Bedding Material: Native Materials Date Construction Completed: 09/28/2011

Maximum Anticipated Operating Pressure (PSI): 20 Testing PSI: 100

Test Date: 05/04/2017

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:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 479710 Flowline Type: Production Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 420179 Location Type: Well Site

Name: State Number: 9-61-16

County: WELD No Location ID

Qtr Qtr: SESE Section: 16 Township: 9N Range: 61W Meridian: 6

Latitude: 40.743690 Longitude: -104.203810

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: PVC Max Outer Diameter:(Inches) 3.000

Bedding Material: Native Materials Date Construction Completed: 10/07/2011

Maximum Anticipated Operating Pressure (PSI): 30 Testing PSI: 100

Test Date: 05/14/2017

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

This submission (12-16-2021) is in response to NOAV Doc. #402874203. At the direction of Trent Lindley, Answer to NOAV is submitted to Trent via email 12-16-2021. No hard copy is required to be sent to the Secretary of the Commission.

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

Signed: _____ Date: 01/20/2022 Email: jodik@antelope-energy.com

Print Name: Jodi Keeler Title: Production 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: 1/20/2022

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402900219	Form44 Submitted
402932637	OFF-LOCATION FLOWLINE GIS SHP

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

Engineer	Attribute fields are incorrectly named in the GIS File. Should be named as follows: FluidTyp, MatTyp, OperFeatId, PipeSize, status.	01/20/2022
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Total: 1 comment(s)