

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: 08/13/2020 Document Number: 402465772

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: 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: 332405 Location Type: Production Facilities Name: BABB-66N61W Number: 14SESW County: WELD Qtr Qtr: SESW Section: 14 Township: 6N Range: 61W Meridian: 6 Latitude: 40.482740 Longitude: -104.178120

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: 468564 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 331636 Location Type: Well Site [] Name: KETTL-66N61W Number: 23NENW County: WELD No Location ID

Qtr Qtr: NENW Section: 23 Township: 6N Range: 61W Meridian: 6

Latitude: 40.479420 Longitude: -104.178040

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: 09/01/2002

Maximum Anticipated Operating Pressure (PSI): 100 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:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 468567 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 332405 Location Type: Well Site

Name: BABB-66N61W Number: 14SESW

County: WELD No Location ID

Qtr Qtr: SESW Section: 14 Township: 6N Range: 61W Meridian: 6

Latitude: 40.482740 Longitude: -104.178120

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: 07/01/2004

Maximum Anticipated Operating Pressure (PSI): 100 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

Information is being submitted for 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: 08/13/2020 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: _____

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402465785	OFF-LOCATION FLOWLINE GEODATABASE SHP
402465787	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval

Total: 0 comment(s)

