

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:

10/13/2020

Document Number:

402505335

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: 10651 Contact Person: Allison Schieber
Company Name: VERDAD RESOURCES LLC Phone: (720) 845-6909
Address: 1125 17TH STREET SUITE 550 Email: regulatory@verdadoil.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 ☒ No ☐

OFF LOCATION FLOWLINE**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 451659 Location Type: Well Site
Name: WARNER Number: 01N-64W-17
County: WELD
Qtr Qtr: SESW Section: 17 Township: 1N Range: 64W Meridian: 6
Latitude: 40.044704 Longitude: -104.575548

Description of Corrosion Protection

Anode's are installed on steel flowlines. An annual water sampling program to determine corrosive fluids on all locations has been implemented. Poly lines are used wherever possible to prevent corrosion. Flowlines are sampled and truck treated with scale and corrosion inhibitor on an as needed basis. Failures are identified through AVO and annual inspections.

Description of Integrity Management Program

Integrity of flowlines are managed by conducting a 4-hour pressure test with installation of the line. Verdad adheres to rule 1104.j.2 by using a FLIR GF 320 infrared gas detection camera and an RD 7100 Line Locator. The Inspector annually conducts a survey using the camera to inspect for leaks along the entire length of the flowline. Other annual tests include static head tests on below-ground dump lines and function tests on isolation valves. Sites are monitored daily by lease operators trained to use sensory observation to inspect for leaks at the facility.

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: 465454 Flowline Type: Peripheral Piping Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 452118 Location Type: Production Facilities ☐
Name: WARNER-OTTESEN FACILITY Number: 1
County: WELD No Location ID
Qtr Qtr: SWSE Section: 17 Township: 1N Range: 64W Meridian: 6
Latitude: 40.044838 Longitude: -104.572839
Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.500
Bedding Material: Loam Date Construction Completed: 02/08/2016
Maximum Anticipated Operating Pressure (PSI): 2000 Testing PSI: 2004
Test Date: 02/14/2018

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: 465452 Flowline Type: Peripheral Piping Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 452118 Location Type: Production Facilities ☐
Name: WARNER-OTTESEN FACILITY Number: 1
County: WELD No Location ID
Qtr Qtr: SWSE Section: 17 Township: 1N Range: 64W Meridian: 6
Latitude: 40.044838 Longitude: -104.572839
Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.500
Bedding Material: Loam Date Construction Completed: 02/08/2018
Maximum Anticipated Operating Pressure (PSI): 140 Testing PSI: 2000
Test Date: 06/13/2018

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: 465453 Flowline Type: Peripheral Piping Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 452118 Location Type: Production Facilities ☐

Name: WARNER-OTTESEN FACILITY Number: 1

County: WELD No Location ID

Qtr Qtr: SWSE Section: 17 Township: 1N Range: 64W Meridian: 6

Latitude: 40.044838 Longitude: -104.572839

Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.500

Bedding Material: Loam Date Construction Completed: 02/08/2018

Maximum Anticipated Operating Pressure (PSI): 2000 Testing PSI: 2004

Test Date: 02/14/2018

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 GIS data, corrosion protection description, and integrity management description update per rule 1101.b(3)A.B.C.

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

Signed: _____ Date: 10/13/2020 Email: regulatory@verdadoil.com

Print Name: Allison Schieber Title: Sr. Regulatory Analyst

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

Attachment Check List

Att Doc Num

Name

402505337	OFF-LOCATION FLOWLINE GEODATABASE SHP
402505339	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)

