

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: 03/24/2022 Document Number: 402990934

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: 81490 Contact Person: Ryan Dornbos Company Name: ST CROIX OPERATING INC Phone: (970) 669-7411 Address: P O BOX 13799 Email: ryan@petersonenergyoperating.com City: DENVER State: CO Zip: 80201 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: 474200 Location Type: Well Site Name: Young Number: 12-11350 County: WASHINGTON Qtr Qtr: NENE Section: 10 Township: 3S Range: 50W Meridian: 6 Latitude: 39.813455 Longitude: -102.955116

Description of Corrosion Protection

Corrosion inhibitors and line inspections as necessary

Description of Integrity Management Program

Integrity Management for Active Status Off-Location Flowlines (1104.f) Conduct monthly AVOs; annual pressure test to the maximum anticipated operating pressure. Pressure to the MOP for at least 30 minutes. Loss not to exceed 10%. Records will be kept on file.

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: 474203 Flowline Type: Production Line Action Type: Abandonment Verification

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317391 Location Type: Well Site []

Name: Young Number: 12-11350

County: WASHINGTON No Location ID

Qtr Qtr: SWNW Section: 11 Township: 3S Range: 50W Meridian: 6

Latitude: 39.810000 Longitude: -102.951222

Equipment at Start Point Riser: Well

Flowline Description and Testing

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

Bedding Material: Native Materials Date Construction Completed: 05/24/2005

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

Test Date: 03/08/2021

OFF LOCATION FLOWLINE Abandonment Verification

Date: 03/08/2021

Abandonment Verification

The abandoned Off-Location Flowline was located within the jurisdiction(s) of the following local government(s).

(No Jurisdiction)

Description of Abandonment Verification:

Plugging and abandonment of the well took place on March 8, 2021. This flowline has been abandoned in place in accordance with Rule 1105 e.(1)-(4). Third party verification attached.

OPERATOR COMMENTS AND SUBMITTAL

Comments Smith Energy transferred ownership of this line in March of 2021 Form 9 # (402635746). Prior to the Form 9 being approved, the landowner requested this line to be abandoned due to agricultural use of the surface. The Flowline was abandoned 3/8/2021. Form 44 Pre-Abandonment Doc #402694893

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

Signed: _____ Date: 03/24/2022 Email: jdonahue@ardorenvironmental.com

Print Name: Jessica Donahue Title: Compliance Specialist

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

402990948	PRESSURE TEST
402990950	THIRD PARTY VERIFICATION
402991241	OFF-LOCATION FLOWLINE GIS SHP

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval

Total: 0 comment(s)