

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: 09/26/2022 Document Number: 403178122

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: 10725 Contact Person: Ben Shoup Company Name: VALKYRIE OPERATING LLC Phone: (307) 2995950 Address: 1600 STOUT STREET SUITE 1000 Email: ben.shoup@absarokasolutions.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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 446566 Location Type: Produced Water Transfer System Name: Gov Disposal Facility Location Number: C-1041 County: RIO BLANCO Qtr Qtr: NWNE Section: 25 Township: 2N Range: 102W Meridian: 6 Latitude: 40.119502 Longitude: -108.790612

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: 481018 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 314997 Location Type: Produced Water Transfer System Name: FEDERAL-62N101W Number: 30NWNW County: RIO BLANCO No Location ID

Qtr Qtr: NWNW Section: 30 Township: 2N Range: 101W Meridian:

Latitude: 40.118806 Longitude: -108.779703

Equipment at Start Point Riser: Tank

Flowline Description and Testing

Type of Fluid Transferred: Produced Water Pipe Material: STEEL/POLY Max Outer Diameter:(Inches) 2.000

Bedding Material: Native Materials Date Construction Completed: 09/19/1975

Maximum Anticipated Operating Pressure (PSI): _____ 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: 481019 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 314953 Location Type: Produced Water Transfer System

Name: GOVERNMENT C-1041-62N102W Number: 25NENE

County: RIO BLANCO No Location ID

Qtr Qtr: NENE Section: 25 Township: 2N Range: 102W Meridian: 6

Latitude: 40.119246 Longitude: -108.784143

Equipment at Start Point Riser: Tank

Flowline Description and Testing

Type of Fluid Transferred: Produced Water Pipe Material: STEEL/POLY Max Outer Diameter:(Inches) 2.000

Bedding Material: Native Materials Date Construction Completed: 08/01/1981

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

Test Date: _____

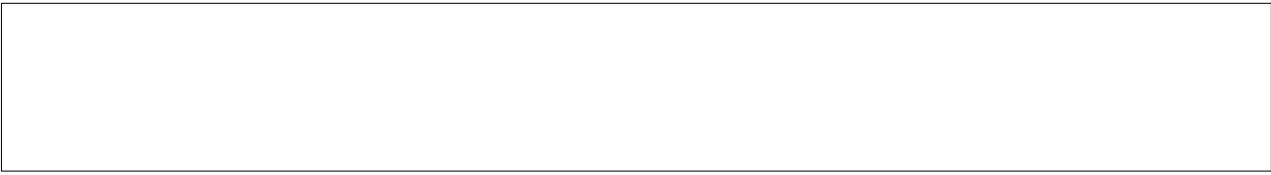
OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

OPERATOR COMMENTS AND SUBMITTAL

Comments



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

Signed: _____ Date: 09/26/2022 Email: ben.shoup@absarokasolutions.com

Print Name: Ben Shoup 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: 9/26/2022

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

403178122	Form44 Submitted
403178130	OFF-LOCATION FLOWLINE GIS SHP
403178143	OFF-LOCATION FLOWLINE GIS SHP

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval

Total: 0 comment(s)