

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:

07/19/2022

Document Number:

403093491

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: 10017 Contact Person: Matt Nelson
Company Name: CHACO ENERGY COMPANY Phone: (303) 981-3840
Address: P O BOX 1587 Email: matt@chacoenergy.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 ☒ No ☐

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 317004 Location Type: Production Facilities
Name: V.A. QUERY-61S55W Number: 19NWNW
County: WASHINGTON
Qtr Qtr: NWNW Section: 19 Township: 1S Range: 55W Meridian: 6
Latitude: 39.958624 Longitude: -103.591711

Description of Corrosion Protection

NA

Description of Integrity Management Program

Annual pressure test, monthly AVO

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.

NA

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: _____ Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: _____ Location Type: _____ Well Site ☒
Name: V.A. QUERY-61S55W Number: 19NWNW
WASHINGTON No Location ID

County: _____ Meridian: 6

Qtr Qtr: NWNW Section: 19 Township: 1S Range: 55W

Latitude: 39.956905 Longitude: -103.589741

Equipment at Start Point Riser: Well

Flowline Description and Testing

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

Bedding Material: Native Materials Date Construction Completed: 04/06/1955

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

Test Date: _____

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: 07/19/2022 Email: matt@chacoenergy.com

Print Name: Matt Nelson Title: Sr. Operations Engineer

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

403093497

OFF-LOCATION FLOWLINE GIS KML

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)