

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: 10/17/2019 Document Number: 402194997

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, or report abandonment of Off-Location Flowlines, Produced Water Transfer Systems, Domestic Taps, or Crude Oil Transfer Lines as required by the 1100 Series Rules. The Form shall also be submitted to report Grade 1 Gas Leaks from Flowlines per Rule 1104.k.

Operator Information

OGCC Operator Number: 10518 Contact Person: Brittany Rothe Company Name: CONFLUENCE DJ LLC Phone: (303) 994-3064 Address: 1001 17TH STREET #1250 Email: brothe@confluencelp.com City: DENVER State: CO Zip: 80202 Is the Operator a Tier One member of the Utility Notification Center of Colorado (UNCC) that participates in Colorado's One Call notification system? Yes [X] No [ ]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 454560 Location Type: Production Facilities Name: 70 Ranch Number: 10 West County: WELD Qtr Qtr: SWSW Section: 3 Township: 4N Range: 63W Meridian: 6 Latitude: 40.334730 Longitude: -104.430120

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.333740 Longitude: -104.430050 PDOP: Measurement Date: 03/15/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 451960 Location Type: Well Site [ ] No Location ID Name: 70 Ranch Number: 10 East County: WELD Qtr Qtr: SENE Section: 10 Township: 4N Range: 63W Meridian: 6 Latitude: 40.327580 Longitude: -104.416920

Flowline Start Point Riser

Latitude: 40.327540 Longitude: -104.416920 PDOP: 1.8 Measurement Date: 09/17/2018 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: 10/09/2018  
 Maximum Anticipated Operating Pressure (PSI): 1650 Testing PSI: 3810  
 Test Date: 10/02/2018

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: \_\_\_\_\_ Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**

Latitude: 40.333770 Longitude: -104.430030 PDOP: \_\_\_\_\_ Measurement Date: 03/15/2019  
 Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 451960 Location Type: \_\_\_\_\_ Well Site  No Location ID  
 Name: 70 Ranch Number: 10 East  
 County: WELD  
 Qtr Qtr: SENE Section: 10 Township: 4N Range: 63W Meridian: 6  
 Latitude: 40.327580 Longitude: -104.416920

**Flowline Start Point Riser**

Latitude: 40.327580 Longitude -104.416920 PDOP: 1.8 Measurement Date: 09/17/2018  
 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: 10/09/2018  
 Maximum Anticipated Operating Pressure (PSI): 1700 Testing PSI: 3810  
 Test Date: 10/02/2018

**OPERATOR COMMENTS AND SUBMITTAL**

Comments 

This off-location flowline submittal includes two flowlines that travel in the same ROW from their respective wellheads (70 Ranch 10-11-1 and 10-11-2) on Confluence's 70 Ranch 10 East location over to their respective production facilities on Confluence's 70 Ranch 10 West location.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.  
 Signed: \_\_\_\_\_ Date: 10/17/2019 Email: brothe@confluencelp.com

Print Name: Brittany Rothe Title: Engineering Manager

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: \_\_\_\_\_

**Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>
402207981	LAYOUT DRAWING-ACTUAL
402207982	PRESSURE TEST
402207983	OFF-LOCATION FLOWLINE GEODATABASE SHP
402212525	PRESSURE TEST

Total Attach: 4 Files