

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: 12/27/2022 Document Number: 403272296

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: 90615 Contact Person: Deborah Abrams Company Name: TUDEX PETROLEUM INC Phone: (303) 8942100 Address: 2121 39TH AVE NE UNIT E Email: deborah.abrams@state.co.us City: CALGARY State: AL Zip: T2E 6R7 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: 457738 Location Type: Production Facilities Name: Freeman 13-2 Number: Tank Battery County: ARAPAHOE Qtr Qtr: SWSW Section: 13 Township: 2N Range: 67W Meridian: 6 Latitude: 40.131975 Longitude: -104.847336

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: Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 245691 Location Type: Well Site Name: FREEMAN (OWP) Number: 13-2 County: WELD No Location ID

Qtr Qtr: SESW Section: 13 Township: 2N Range: 67W Meridian:

Latitude: 40.132660 Longitude: -104.842070

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____

Bedding Material: _____ Date Construction Completed: 08/31/1984

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: 12/27/2022 Email: deborah.abrams@state.co.us

Print Name: Deborah Abrams Title: OWP

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

| | |
|-----------|-------------------------------|
| 403272437 | OFF-LOCATION FLOWLINE GIS KML |
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

| | | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)