

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: 12/30/2022 Document Number: 403276410

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: 10454 Contact Person: Deborah Abrams Company Name: PETROSHARE CORPORATION Phone: (303) 8942100 Address: 9635 MAROON CIRCLE #400 Email: deborah.abrams@state.co.us City: ENGLEWOOD State: CO Zip: 80112 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: 479190 Location Type: Production Facilities Name: (UPRR) WAGNER 12-19 Number: Tank Battery County: ADAMS Qtr Qtr: Lot 1 Section: 19 Township: 1S Range: 64W Meridian: 6 Latitude: 39.951140 Longitude: -104.602510

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: 483717 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320189 Location Type: Well Site Name: (UPRR) WAGNER-61S64W Number: 19SWNW County: ADAMS No Location ID

Qtr Qtr: SWNW Section: 19 Township: 1S Range: 64W Meridian:

Latitude: 39.951662 Longitude: -104.599280

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: 07/27/1984

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: 12/30/2022 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: 1/25/2023

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

403276410	Form44 Submitted
403276412	OFF-LOCATION FLOWLINE GIS KML

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval

Total: 0 comment(s)