

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: 07/18/2023 Document Number: 403468302

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: 10711 Contact Person: Deborah Abrams Company Name: PAINTED PEGASUS PETROLEUM LLC Phone: (303) 8942100 Address: 16820 BARKER SPRINGS RD #521 Email: deborah.abrams@state.co.us City: HOUSTON State: TX Zip: 77084 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: 320083 Location Type: Production Facilities Name: UPRR 60 PAN AM E-61S64W Number: 3SESE County: ADAMS Qtr Qtr: SESE Section: 3 Township: 1S Range: 64W Meridian: 6 Latitude: 39.986931 Longitude: -104.530261

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: 484814 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320083 Location Type: Well Site [] Name: UPRR 60 PAN AM E-61S64W Number: 3SESE County: ADAMS No Location ID

Qtr Qtr: SESE Section: 3 Township: 1S Range: 64W Meridian: 6

Latitude: 39.986931 Longitude: -104.530261

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: 02/27/1982

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

Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 484815 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320042 Location Type: Well Site

Name: ELEANOR ARNOLD-61S64W Number: 2SWSW

County: ADAMS No Location ID

Qtr Qtr: SWSW Section: 2 Township: 1S Range: 64W Meridian: 6

Latitude: 39.986841 Longitude: -104.525550

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: 01/27/1981

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

Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 484816 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320085 Location Type: Well Site

Name: UPRR-61S64W Number: 3NESE

County: ADAMS No Location ID

Qtr Qtr: NESE Section: 3 Township: 1S Range: 64W Meridian: 6

Latitude: 39.990590 Longitude: -104.530241

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: 03/01/1982

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: 07/18/2023 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: 7/19/2023

Conditions of Approval

COA Type

Description

Attachment Check List

Att Doc Num

Name

403468302	Form44 Submitted
403468310	OFF-LOCATION FLOWLINE GIS KML
403468311	OFF-LOCATION FLOWLINE GIS KML
403468314	OFF-LOCATION FLOWLINE GIS KML

Total Attach: 4 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)