

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: 05/24/2023 Document Number: 403412086

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: 470835 Location Type: Production Facilities Name: MUNDELL-62S64W Number: 15NESW County: ADAMS Qtr Qtr: SWSW Section: 15 Township: 2S Range: 64W Meridian: 6 Latitude: 39.872041 Longitude: -104.544054

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: 470845 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 320388 Location Type: Well Site [] Name: MUNDELL-62S64W Number: 15NESW County: ADAMS No Location ID

Qtr Qtr: NESW Section: 15 Township: 2S Range: 64W Meridian:

Latitude: 39.874802 Longitude: -104.539800

Equipment at Start Point Riser: Well

Flowline Description and Testing

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

Bedding Material: Native Materials Date Construction Completed: 12/30/1993

Maximum Anticipated Operating Pressure (PSI): 120 Testing PSI: 130

Test Date: 12/17/2019

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 484516 Flowline Type: Wellhead Line Action Type: Abandonment Verification

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320376 Location Type: Well Site

Name: MUNDELL-62S64W Number: 15SESW

County: ADAMS No Location ID

Qtr Qtr: SESW Section: 15 Township: 2S Range: 64W Meridian: 6

Latitude: 39.870902 Longitude: -104.538270

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: 02/14/1993

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

Test Date: _____

OFF LOCATION FLOWLINE Abandonment Verification

Date: 10/08/2022

Abandonment Verification

The abandoned Off-Location Flowline was located within the jurisdiction(s) of the following local government(s).

(No Jurisdiction)

Description of Abandonment Verification:

OWP. Date of abandonment is an approximation.

FLOWLINE FACILITY INFORMATIONFlowline Facility ID: 484515 Flowline Type: Wellhead Line Action Type: Abandonment Verification**OFF LOCATION FLOWLINE REGISTRATION**Equipment at End Point Riser: Separator**Flowline Start Point Location Identification**Location ID: 320388 Location Type: Well Site
Name: MUNDELL-62S64W Number: 15NESW
County: ADAMS No Location ID
Qtr Qtr: NESW Section: 15 Township: 2S Range: 64W Meridian: 6
Latitude: 39.874802 Longitude: -104.539800Equipment at Start Point Riser: Well**Flowline Description and Testing**Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 01/11/1994
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____**OFF LOCATION FLOWLINE Abandonment Verification**Date: 10/08/2022**Abandonment Verification**

The abandoned Off-Location Flowline was located within the jurisdiction(s) of the following local government(s).

(No Jurisdiction)

Description of Abandonment Verification:**FLOWLINE FACILITY INFORMATION**Flowline Facility ID: 470841 Flowline Type: Wellhead Line Action Type: _____**OFF LOCATION FLOWLINE REGISTRATION**Equipment at End Point Riser: Manifold**Flowline Start Point Location Identification**Location ID: 320376 Location Type: Well Site
Name: MUNDELL-62S64W Number: 15SESW
County: ADAMS No Location ID
Qtr Qtr: SESW Section: 15 Township: 2S Range: 64W Meridian: 6
Latitude: 39.870902 Longitude: -104.538270Equipment at Start Point Riser: Well**Flowline Description and Testing**Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: HDPE Max Outer Diameter:(Inches) 3.000
Bedding Material: Native Materials Date Construction Completed: 02/14/1993
Maximum Anticipated Operating Pressure (PSI): 120

Test Date: 12/17/2019

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

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: 05/24/2023 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: _____

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

403412090	OFF-LOCATION FLOWLINE GIS KML
403412091	OFF-LOCATION FLOWLINE GIS KML

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval

Total: 0 comment(s)