

State of Colorado
Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

07/20/2023

Document Number:

403471348

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 ☒ No ☐

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 320049 Location Type: Production Facilities
Name: SHIVELY-61S64W Number: 12NENW
County: ADAMS
Qtr Qtr: NENW Section: 12 Township: 1S Range: 64W Meridian: 6
Latitude: 39.983040 Longitude: -104.501690

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: 484821 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: 320049 Location Type: Well Site ☐
Name: SHIVELY-61S64W Number: 12NENW

County: ADAMS

No Location ID

Qtr Qtr: NENW Section: 12 Township: 1S Range: 64W Meridian: 6

Latitude: 39.983040 Longitude: -104.501690

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: 03/16/1981

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

Test Date: _____

OFF LOCATION FLOWLINE Abandonment Verification

Date: 08/04/2022

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

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 484822 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: 320055 Location Type: Well Site ☐

Name: SHIVELY-61S64W Number: 12NWNW

County: ADAMS No Location ID

Qtr Qtr: NWNW Section: 12 Township: 1S Range: 64W Meridian: 6

Latitude: 39.983080 Longitude: -104.506420

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: 06/12/1981

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

Test Date: _____

OFF LOCATION FLOWLINE Abandonment VerificationDate: 08/04/2022**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

OPERATOR COMMENTS AND SUBMITTAL

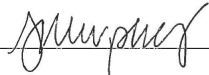
Comments

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 07/20/2023 Email: deborah.abrams@state.co.usPrint Name: Deborah AbramsTitle: 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: 8/28/2023

Condtions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

403471348	Form44 Submitted
403471352	OFF-LOCATION FLOWLINE GIS KML
403471353	OFF-LOCATION FLOWLINE GIS KML

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)