

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: 08/23/2023 Document Number: 403412019

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: 320190 Location Type: Production Facilities Name: (UPRR) KALCEVIC-62S63W Number: 3SEW County: ADAMS Qtr Qtr: SENW Section: 3 Township: 2S Range: 63W Meridian: 6 Latitude: 39.906732 Longitude: -104.425747

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: 484524 Flowline Type: Production Line Action Type: Abandonment Verification

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320214 Location Type: Well Site Name: UPRR KALCEVIC-62S63W Number: 3NWSE

County: ADAMS

No Location ID

Qtr Qtr: NWSE Section: 3 Township: 2S Range: 63W Meridian: 6

Latitude: 39.903052 Longitude: -104.420987

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: _____

OFF LOCATION FLOWLINE Abandonment Verification

Date: 09/30/2022

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 project. Date of abandonment is an approximation.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 484523 Flowline Type: Production Line Action Type: Abandonment Verification

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320220 Location Type: _____ Well Site

Name: (UPRR) KALCEVIC-62S63W Number: 3SESW

County: ADAMS No Location ID

Qtr Qtr: SESW Section: 3 Township: 2S Range: 63W Meridian: 6

Latitude: 39.899412 Longitude: -104.425737

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: 10/16/1984

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

Test Date: _____

OFF LOCATION FLOWLINE Abandonment Verification

Date: 08/02/2017

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:

The well was plugged, and flowlines removed by Petroshare. Records of the FL Abandonment are not in OWP's possession.

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: 08/23/2023 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: 8/29/2023

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

403412019	Form44 Submitted
403412045	OFF-LOCATION FLOWLINE GIS KML
403412051	OFF-LOCATION FLOWLINE GIS KML

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval

Total: 0 comment(s)