

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: 08/22/2023 Document Number: 403504861

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 Grade1 Gas Leaks from Flowlines per Rules 610 and 906.

Operator Information

OGCC Operator Number: 10369 Contact Person: Deborah Abrams Company Name: NATURAL RESOURCE GROUP INC Phone: (303) 8942100 Address: 801 WEST MINERAL AVE STE 202 Email: deborah.abrams@state.co.us City: LITTLETON State: CO Zip: 80120 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: 321500 Location Type: Production Facilities Name: SHANNON-ROBERTS-61N68W Number: 26NWNE County: BROOMFIELD Qtr Qtr: NWNE Section: 26 Township: 1N Range: 68W Meridian: 6 Latitude: 40.027598 Longitude: -104.968495

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: Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321500 Location Type: Production Facilities [ ] Name: SHANNON-ROBERTS-61N68W Number: 26NWNE County: BROOMFIELD No Location ID

Qtr Qtr: NWNE Section: 26 Township: 1N Range: 68W Meridian: 6

Latitude: 40.027598 Longitude: -104.968495

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: 08/19/1976

Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_

Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: \_\_\_\_\_ Flowline Type: Production Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 335762 Location Type: Production Facilities

Name: SHANNON-ROBERTS-61N68W Number: 26SENE

County: BROOMFIELD No Location ID

Qtr Qtr: SENE Section: 26 Township: 1N Range: 68W Meridian: 6

Latitude: 40.023808 Longitude: -104.963784

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: 08/19/1976

Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_

Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: \_\_\_\_\_ Flowline Type: Production Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 321501 Location Type: Production Facilities

Name: SHANNON-ROBERTS-61N68W Number: 26SWNE

County: BROOMFIELD No Location ID

Qtr Qtr: SWNE Section: 26 Township: 1N Range: 68W Meridian: 6

Latitude: 40.023968 Longitude: -104.968495

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: 08/19/1976

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: 08/22/2023 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**

403504868	OFF-LOCATION FLOWLINE GIS KML
403504869	OFF-LOCATION FLOWLINE GIS KML
403504871	OFF-LOCATION FLOWLINE GIS KML

Total Attach: 3 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval

Total: 0 comment(s)