

State of Colorado
Energy & Carbon Management Commission1120 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 Grade 1 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 ☒ 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

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
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Total: 0 comment(s)