

State of Colorado
Energy & Carbon Management Commission

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OGCC RECEPTION

Receive Date:

10/04/2023

Document Number:

403549797

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: 320584 Location Type: Production Facilities
Name: EGAN STATE-62S65W Number: 36NESW
County: ADAMS
Qtr Qtr: NESW Section: 36 Township: 2S Range: 65W Meridian: 6
Latitude: 39.832170 Longitude: -104.614480

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: 320585 Location Type: Production Facilities ☐
Name: EGAN STATE-62S65W Number: 36NENW
County: ADAMS No Location ID

Qtr Qtr: NENW Section: 36 Township: 2S Range: 65W Meridian:

Latitude: 39.839420 Longitude: -104.614460

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: 06/30/2007

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: 10/04/2023 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

403549803

OFF-LOCATION FLOWLINE GIS KML

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)