

State of Colorado Energy & Carbon Management Commission

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



ECMC RECEPTION Receive Date: 01/19/2024 Document Number: 402226512

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, or report abandonment of Off-Location Flowlines, Produced Water Transfer Systems, Domestic Taps, or Crude Oil Transfer Lines as required by the 1100 Series Rules. The Form shall also be submitted to report Grade 1 Gas Leaks from Flowlines per Rule 1104.k.

Operator Information

ECMC Operator Number: 95960 Contact Person: April Stegall Company Name: WEXPRO COMPANY Phone: (307) 352-7561 Address: P O BOX 45003 Email: april.stegall@dominionenergy.com City: SALT LAKE CITY State: UT Zip: 84145-0601 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: 312834 Location Type: Well Site Name: HIAWATHA MIDDLE OIL-612N100W Number: 23NWNE County: MOFFAT Qtr Qtr: NWNE Section: 23 Township: 12N Range: 100W Meridian: 6 Latitude: 40.990056 Longitude: -108.599847

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 486453 Flowline Type: Peripheral Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.989375 Longitude: -108.600836 PDOP: Measurement Date: 10/25/2019 Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 450393 Location Type: Production Facilities [] No Location ID Name: MOSU Central Facility Number: County: MOFFAT Qtr Qtr: NENE Section: 23 Township: 12n Range: 100w Meridian: 6 Latitude: 40.989494 Longitude: -108.600869

Flowline Start Point Riser

Latitude: 40.989410 Longitude: -108.600808 PDOP: Measurement Date: 10/21/2019 Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Sand Date Construction Completed: 10/20/1988
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: 01/19/2024 Email: april.stegall@dominionenergy.com

Print Name: April Stegall Title: Permit Agent

Based on the information provided herein, this Flowline Report complies with ECMC Rules and applicable orders and is hereby approved.

ECMC Approved:  **Director of ECMC** Date: 4/12/2024

CONDITIONS OF APPROVAL, IF ANY LIST

COA Type

Description

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ATTACHMENT LIST

Att Doc Num

Name

402226512	Form44 Submitted
402227597	LAYOUT DRAWING-ACTUAL
402535765	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)