

State of Colorado  
Energy & Carbon Management Commission1120 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 ☒ 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)