

State of Colorado  
Oil and Gas Conservation Commission

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



OGCC RECEPTION  
Receive Date:  
07/17/2020  
Document Number:  
402226414

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

OGCC Operator Number: 95960 Contact Person: Tammy Fredrickson  
Company Name: WEXPRO COMPANY Phone: (307) 352-7514  
Address: P O BOX 45003 Email: Tammy.Fredrickson@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: 450393 Location Type: Production Facilities  
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 FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.989410 Longitude: -108.600808 PDOP: Measurement Date: 10/27/2019  
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 222546 Location Type: Well Site  No Location ID  
Name: HIAWATHA MIDDLE OIL Number: 13 F WILSON  
County: MOFFAT  
Qtr Qtr: NWNE Section: 23 Township: 12N Range: 100W Meridian: 6  
Latitude: 40.990188 Longitude: -108.599790

Flowline Start Point Riser

Latitude: 40.990177 Longitude: -108.599784 PDOP: Measurement Date: 10/21/2019  
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Crude Oil Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000  
Bedding Material: Native Materials Date Construction Completed: 12/21/2011  
Maximum Anticipated Operating Pressure (PSI): 50 Testing PSI: 50  
Test Date: 10/16/2019

**FLOWLINE FACILITY INFORMATION**

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

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.987319 Longitude: -108.603273 PDOP: \_\_\_\_\_ Measurement Date: 10/21/2019  
Equipment at End Point Riser: Heater Treater

**Flowline Start Point Location Identification**

Location ID: 222784 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: HIAWATHA MIDDLE OIL Number: 23 F. WILSON  
County: MOFFAT  
Qtr Qtr: SENW Section: 23 Township: 12N Range: 100W Meridian: 6  
Latitude: 40.987462 Longitude: -108.603442

**Flowline Start Point Riser**

Latitude: 40.987469 Longitude -108.603432 PDOP: \_\_\_\_\_ Measurement Date: 10/21/2019  
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Crude Oil Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000  
Bedding Material: Sand Date Construction Completed: 08/22/2009  
Maximum Anticipated Operating Pressure (PSI): 60 Testing PSI: 180  
Test Date: 10/17/2019

**OPERATOR COMMENTS AND SUBMITTAL**

Comments 

This is the oil line from the F Wilson 13 oil well site that ends at the MOSU Central Facility.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.  
Signed: \_\_\_\_\_ Date: 07/17/2020 Email: Tammy.Fredrickson@dominionenergy.com

Print Name: Tammy Fredrickson Title: Senior Permit Agent

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**

402226426	FLOWLINE LAYOUT DRAWING
402226463	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval

Total: 0 comment(s)

