

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:

04/12/2024

Document Number:

403751505

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

ECMC Operator Number: 10454 Contact Person: Deborah Abrams
Company Name: PETROSHARE CORPORATION Phone: (303) 8942100
Address: 9635 MAROON CIRCLE #400 Email: deborah.abrams@state.co.us
City: ENGLEWOOD State: CO Zip: 80112
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: 320165 Location Type: Production Facilities
Name: MARLATT-62S64W Number: 22NWNW (OWP)
County: ADAMS
Qtr Qtr: NWNW Section: 22 Township: 2S Range: 64W Meridian: 6
Latitude: 39.867552 Longitude: -104.543660

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: 477956 Flowline Type: Wellhead Line Action Type: Abandonment Verification

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320375 Location Type: Well Site ☐
Name: MARLATT-62S64W Number: 22NENW

County: ADAMS

No Location ID

Qtr Qtr: NENW Section: 22 Township: 2S Range: 64W Meridian: 6

Latitude: 39.867452 Longitude: -104.538740

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: HDPE Max Outer Diameter:(Inches) 3.000

Bedding Material: Native Materials Date Construction Completed: 01/11/1993

Maximum Anticipated Operating Pressure (PSI): 100 Testing PSI: 120

Test Date: 12/18/2019

OFF LOCATION FLOWLINE Abandonment Verification

Date: 01/23/2024

Abandonment Verification

The abandoned Off-Location Flowline was located within the jurisdiction(s) of the following local government(s).

(No Jurisdiction)

Description of Abandonment Verification:

Flowlines removed.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 477955 Flowline Type: Wellhead Line Action Type: Abandonment Verification

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320350 Location Type: Well Site ☐

Name: MARLATT-62S64W Number: 22SWNW

County: ADAMS No Location ID

Qtr Qtr: SWNW Section: 22 Township: 2S Range: 64W Meridian: 6

Latitude: 39.863762 Longitude: -104.543620

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: HDPE Max Outer Diameter:(Inches) 3.000

Bedding Material: Native Materials Date Construction Completed: 04/20/1992

Maximum Anticipated Operating Pressure (PSI): 100 Testing PSI: 120

Test Date: 12/18/2019

OFF LOCATION FLOWLINE Abandonment VerificationDate: 01/23/2024**Abandonment Verification**

The abandoned Off-Location Flowline was located within the jurisdiction(s) of the following local government(s).

(No Jurisdiction)

Description of Abandonment Verification:

Flowlines removed.

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: 04/12/2024 Email: deborah.abrams@state.co.us

Print Name: Deborah Abrams

Title: OWP

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: 4/15/2024

CONDITIONS OF APPROVAL, IF ANY LIST

COA Type

Description

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ATTACHMENT LIST

Att Doc Num

Name

403751505	Form44 Submitted
403752861	OFF-LOCATION FLOWLINE GIS KML
403752862	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)