

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:

04/22/2024

Document Number:

403763524

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: 65110 Contact Person: JOSEPH FORMA
Company Name: O'BRIEN ENERGY RESOURCES CORP Phone: (603) 828-2672
Address: 18 CONGRESS ST STE 207 Email: JOEFORMA@OBENERGY.COM
City: PORTSMOUTH State: NH Zip: 03801
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: Location Type: Well Site
Name: NORTH LOST CREEK-63N62W Number: 17SWSE
County: WELD
Qtr Qtr: SWSE Section: 17 Township: 3N Range: 62W Meridian: 6
Latitude: 40.219785 Longitude: -104.340492

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: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 265349 Location Type: Well Site []
Name: NORTH LOST CREEK Number: 11
County: WELD No Location ID

Qtr Qtr: SWSE Section: 17 Township: 3N Range: 62W Meridian:

Latitude: 40.220200 Longitude: -104.345360

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Produced Water Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.875

Bedding Material: Native Materials Date Construction Completed: 07/01/2008

Maximum Anticipated Operating Pressure (PSI): 100 Testing PSI: 5000

Test Date: 07/01/2008

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: 04/22/2024 Email: JOEFORMA@OBENERGY.COM

Print Name: JOSEPH FORMA Title: PRESIDENT

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: _____

CONDITIONS OF APPROVAL, IF ANY LIST

COA Type

Description

--	--

ATTACHMENT LIST

Att Doc Num

Name

403763702	OFF-LOCATION FLOWLINE GIS DATA
-----------	--------------------------------

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)