

**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:

01/07/2022

Document Number:

402920070

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

OGCC Operator Number: 10017 Contact Person: Matt Nelson
Company Name: CHACO ENERGY COMPANY Phone: (303) 981-3840
Address: P O BOX 1587 Email: matt@chacoenergy.com
City: DENVER State: CO Zip: 80201
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: 477358 Location Type: Production Facilities
Name: Writebol SW pump Number: _____
County: LOGAN
Qtr Qtr: SENE Section: 31 Township: 8N Range: 53W Meridian: 6
Latitude: 40.619948 Longitude: -103.339255

Description of Corrosion Protection

NA

Description of Integrity Management Program

Annual pressure test.

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.

Open trench.

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: 01/07/2022 Email: matt@chacoenergy.com

Print Name: Matt Nelson Title: Sr. Operations Engineer

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

Attachment Check List

Att Doc Num

Name

402920072

OFF-LOCATION FLOWLINE GIS KML

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)