

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:

07/03/2024

Document Number:

403572098

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: 68710 Contact Person: Ryan Dornbos
Company Name: PETERSON ENERGY OPERATING INC Phone: (970) 669-7411
Address: PO BOX 2169 Email: Ryan@PEOperating.com
City: LOVELAND State: CO Zip: 80539-2169
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: 318620 Location Type: Production Facilities
Name: WOOLLEY B-61N68W Number: 8NWSW
County: WELD
Qtr Qtr: NWSW Section: 8 Township: 1N Range: 68W Meridian: 6
Latitude: 40.062697 Longitude: -105.033627

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: 466061 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305594 Location Type: Well Site ☐
Name: WOOLLEY-61N68W Number: 8NESW
County: WELD No Location ID

Qtr Qtr: NESW Section: 8 Township: 1N Range: 68W Meridian: 6

Latitude: 40.063808 Longitude: -105.030078

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000

Bedding Material: _____ Date Construction Completed: 06/05/2006

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 467411 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: 318680 Location Type: Well Site ☐

Name: WOOLLEY 61N68W 8NWSW Number: MULTI WELL PAD

County: WELD No Location ID

Qtr Qtr: NWSW Section: 8 Township: 1N Range: 68W Meridian: 6

Latitude: 40.063620 Longitude: -105.034820

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: Fiberglass Max Outer Diameter:(Inches) 2.000

Bedding Material: Native Materials Date Construction Completed: 04/08/1979

Maximum Anticipated Operating Pressure (PSI): 25 Testing PSI: 33

Test Date: 08/31/2023

OFF LOCATION FLOWLINE Abandonment Verification

Date: 11/04/2023

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:

Flowline was flushed with fresh water, cleared out, and depleted to atmospheric pressure. The ends were then excavated and capped below grade at the depth of their installation.

This is the only off-location flowline owned by Peterson Energy Operating, inc. related to this location ID 318620. The attached map shows Peterson Energy flowlines in yellow and other operator's flowlines in red. the Registered off-location flowline crosses the active midstream owned gas gathering line/ROW and multiple active Civitas owned dump lines. We request to leave lines in place for these reasons. The attached passing pressure test confirms flowline integrity.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466063 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332338 Location Type: Well Site ☐
Name: WOOLLEY-61N68W Number: 8SESW
County: WELD No Location ID
Qtr Qtr: SESW Section: 8 Township: 1N Range: 68W Meridian: 6
Latitude: 40.059527 Longitude: -105.029287

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Date Construction Completed: 05/10/2005
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date:

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466062 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305595 Location Type: Well Site
Name: WOOLLEY-61N68W Number: 8SWSW
County: WELD No Location ID
Qtr Qtr: SWSW Section: 8 Township: 1N Range: 68W Meridian: 6
Latitude: 40.060060 Longitude: -105.034820
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Date Construction Completed: 04/08/2007
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date:

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456073 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 241739 Location Type: Well Site ☐
Name: WOOLLEY B Number: 1-8
County: WELD No Location ID
Qtr Qtr: NWSW Section: 8 Township: 1N Range: 68W Meridian: 6
Latitude: 40.062996 Longitude: -105.033632
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Pipe Material: Max Outer Diameter:(Inches) 2.000
Bedding Material: Date Construction Completed: 09/04/1978
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: 07/19/2018

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

Pipe was disconnected from the wellhead and the separator. Flushed line with fresh water and flowline was removed from ground.

OPERATOR COMMENTS AND SUBMITTAL

Comments Due to several other dumphline, flowlines, and midstream lines crossing this line was left in place to prevent damage to lines owned by other operators and midstream.

Re-submitted 7/28/2024 with FL AB Verification

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 07/03/2024 Email: Ryan@PEOperating.com

Print Name: Ryan Dornbos Title: Petroleum Engineer

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: 7/3/2024

CONDITIONS OF APPROVAL, IF ANY LIST

COA Type

Description

ATTACHMENT LIST

Att Doc Num

Name

403572098	Form44 Submitted
403572106	ABANDONMENT IN PLACE DOCUMENTATION
403572109	PRESSURE TEST
403839925	THIRD PARTY VERIFICATION

Total Attach: 4 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)