

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:

11/25/2024

Document Number:

404006302

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: 17180 Contact Person: Herschel Kennedy
Company Name: CITATION OIL & GAS CORP Phone: (719) 340-1150
Address: 14077 CUTTEN RD Email: hkennedy@cogc.com
City: HOUSTON State: TX Zip: 77069
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: 480642 Location Type: Production Facilities
Name: MPU Battery Number: Sec. 25
County: CHEYENNE
Qtr Qtr: NWSW Section: 25 Township: 13S Range: 48W Meridian: 6
Latitude: 38.886193 Longitude: -102.740796

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: 480646 Flowline Type: Production Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321622 Location Type: Well Site []
Name: MPU-613S48W Number: 26SESE
County: CHEYENNE No Location ID

Qtr Qtr: SESE Section: 26 Township: 13S Range: 48W Meridian: 6

Latitude: 38.882579 Longitude: -102.743214

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: Fiberglass Max Outer Diameter:(Inches) 3.500

Bedding Material: Native Materials Date Construction Completed: 09/28/1984

Maximum Anticipated Operating Pressure (PSI): 100 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: 480648 Flowline Type: Production Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321649 Location Type: Well Site

Name: MPU-613S48W Number: 25SESE

County: CHEYENNE No Location ID

Qtr Qtr: SESE Section: 25 Township: 13S Range: 48W Meridian: 6

Latitude: 38.882725 Longitude: -102.724784

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: Fiberglass Max Outer Diameter:(Inches) 3.500

Bedding Material: Native Materials Date Construction Completed: 12/13/1985

Maximum Anticipated Operating Pressure (PSI): 100 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: 480649 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 321635 Location Type: Production Facilities
Name: MPU-613S48W Number: 25NWSE
County: CHEYENNE No Location ID
Qtr Qtr: NWSE Section: 25 Township: 13S Range: 48W Meridian: 6
Latitude: 38.886306 Longitude: -102.729469

Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: Produced Water Pipe Material: Fiberglass Max Outer Diameter:(Inches) 3.500
Bedding Material: Native Materials Date Construction Completed: 04/08/1985
Maximum Anticipated Operating Pressure (PSI): 25 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: 480647 Flowline Type: Production Line Action Type: Abandonment Verification

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321628 Location Type: Well Site
Name: MOUNT PEARL UNIT-613S48W Number: 25NWSW
County: CHEYENNE No Location ID
Qtr Qtr: NWSW Section: 25 Township: 13S Range: 48W Meridian: 6
Latitude: 38.886224 Longitude: -102.738757

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: Fiberglass Max Outer Diameter:(Inches) 3.500
Bedding Material: Native Materials Date Construction Completed: 02/08/1985
Maximum Anticipated Operating Pressure (PSI): 100 Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE Abandonment Verification

Date: 10/02/2019

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:

Abandoned because located in HPH.

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: 11/25/2024 Email: Kseeton@cogc.com

Print Name: Kurt Seeton Title: Compliance Specialist

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: 3/5/2025

CONDITIONS OF APPROVAL, IF ANY LIST

COA Type

Description

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ATTACHMENT LIST

Att Doc Num

Name

404006302	Form44 Submitted
404006334	THIRD PARTY VERIFICATION
404116835	OFF-LOCATION FLOWLINE GIS SHP

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)