

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:

10/10/2024

Document Number:

403952761

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: 10805 Contact Person: Rikki Ros
Company Name: FULCRUM ENERGY OPERATING LLC Phone: (970) 896-5665
Address: 240 SAINT PAUL STREET SUITE 502 Email: rikki.ross@fulcrumeo.com
City: DENVER State: CO Zip: 80206
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 [X]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 324757 Location Type: Well Site
Name: Mutual 0780 Number: S17 Pad
County: JACKSON
Qtr Qtr: NWNW Section: 17 Township: 7N Range: 80W Meridian: 6
Latitude: 40.584012 Longitude: -106.405631

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: 480815 Flowline Type: Production Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 413754 Location Type: Well Site
Name: HEBRON/MARR 7 Number:
County: JACKSON No Location ID

Qtr Qtr: NWNE Section: 7 Township: 7N Range: 80W Meridian: 6

Latitude: 40.598250 Longitude: -106.415697

Equipment at Start Point Riser: Custody Transfer Point

**Flowline Description and Testing**

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 8.000

Bedding Material: Native Materials Date Construction Completed: 12/01/2016

Maximum Anticipated Operating Pressure (PSI): 140 Testing PSI: 430

Test Date: 12/02/2016

**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: 480814 Flowline Type: Production Line Action Type: \_\_\_\_\_

**OFF LOCATION FLOWLINE REGISTRATION**

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 413754 Location Type: \_\_\_\_\_ Well Site

Name: HEBRON/MARR 7 Number: \_\_\_\_\_

County: JACKSON No Location ID

Qtr Qtr: NWNE Section: 7 Township: 7N Range: 80W Meridian: 6

Latitude: 40.598250 Longitude: -106.415697

Equipment at Start Point Riser: Custody Transfer Point

**Flowline Description and Testing**

Type of Fluid Transferred: Multiphase Pipe Material: HDPE Max Outer Diameter:(Inches) 8.000

Bedding Material: Native Materials Date Construction Completed: 12/02/2016

Maximum Anticipated Operating Pressure (PSI): 140 Testing PSI: 430

Test Date: 12/02/2016

**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:**

\_\_\_\_\_

**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: 10/10/2024 Email: rikki.ross@fulcrumeo.com

Print Name: Rikki Ros Title: EHS Field Advisor

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**

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**ATTACHMENT LIST**

**Att Doc Num**

**Name**

403952865	OFF-LOCATION FLOWLINE GIS SHP
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Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)