

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:

09/05/2019

Document Number:

402166657

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, or report abandonment of Off-Location Flowlines, Produced Water Transfer Systems, Domestic Taps, or Crude Oil Transfer Lines as required by the 1100 Series Rules. The Form shall also be submitted to report Grade 1 Gas Leaks from Flowlines per Rule 1104.k.

Operator Information

ECMC Operator Number: 10634 Contact Person: Matt Trela
Company Name: P O & G OPERATING LLC Phone: (713) 5898190
Address: 5847 SAN FELIPE SUITE 3200 Email: matt_trela@pogresources.com
City: HOUSTON State: TX Zip: 77057
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: 433555 Location Type: Production Facilities
Name: Beek Number: 2
County: CHEYENNE
Qtr Qtr: SENE Section: 20 Township: 13S Range: 44W Meridian: 6
Latitude: 38.908270 Longitude: -102.354200

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 491779 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 38.908344 Longitude: -102.352391 PDOP: Measurement Date: 09/05/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 433555 Location Type: Well Site No Location ID
Name: Beek Number: 2
County: CHEYENNE
Qtr Qtr: SENE Section: 20 Township: 13S Range: 44W Meridian: 6
Latitude: 38.908270 Longitude: -102.354200

Flowline Start Point Riser

Latitude: 38.908243 Longitude: -102.354267 PDOP: Measurement Date: 09/03/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: Fiberglass Max Outer Diameter:(Inches) _____
Bedding Material: Native Materials Date Construction Completed: 05/06/1975
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

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: 09/05/2019 Email: chris_chamberlain@pogresources.com

Print Name: Chris Chamberlain Title: ops eng

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: 10/10/2025

CONDITIONS OF APPROVAL, IF ANY LIST

COA Type

Description

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ATTACHMENT LIST

Att Doc Num

Name

402166657	Form44 Submitted
402166695	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)