

State of Colorado Energy & Carbon Management Commission

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ECMC RECEPTION

Receive Date:

10/06/2025

Document Number:

404380842

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: 37230 Contact Person: Kerry Halde
Company Name: HALDE OIL INC Phone: (719) 346-0352
Address: 46321 HWY 24 Email: haldesandandgravel@gmail.com
City: BURLINGTON State: CO Zip: 80807
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: 321784 Location Type: Well Site
Name: MITCHELL 41-35-613S42W Number: 35NENE
County: CHEYENNE
Qtr Qtr: NENE Section: 35 Township: 13S Range: 42W Meridian: 6
Latitude: 38.884398 Longitude: -102.073721

Description of Corrosion Protection

3" Carbon Steel.

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: 491817 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321784 Location Type: Well Site []
Name: MITCHELL 41-35-613S42W Number: 35NENE
County: CHEYENNE No Location ID

Qtr Qtr: NENE Section: 35 Township: 13S Range: 42W Meridian: 6

Latitude: 38.884398 Longitude: -102.073721

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Produced Water Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000

Bedding Material: Native Materials Date Construction Completed: 04/11/1997

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

Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments This Form 44 is be submitted as a re-alignment to update the GIS file.

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

Signed: _____ Date: 10/06/2025 Email: abarnett@ardorenvironmental.com

Print Name: Amber Barnett 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: 10/15/2025

CONDITIONS OF APPROVAL, IF ANY LIST

COA Type

Description

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ATTACHMENT LIST

Att Doc Num

Name

404380851	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)