

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:

02/04/2025

Document Number:

403230338

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: 10027 Contact Person: Linda Gordon
Company Name: C & J FIELD SERVICES Phone: (970) 629-1116
Address: 3650 COUNTY RD #2 Email: lcgordon1@yahoo.com
City: RANGELY State: CO Zip: 81648
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: 315131 Location Type: Production Facilities
Name: FEDERAL-RABOURN-61N102W Number: 11SWNW
County: RIO BLANCO
Qtr Qtr: SWNW Section: 11 Township: 1N Range: 102W Meridian: 6
Latitude: 40.071606 Longitude: -108.818874

Description of Corrosion Protection

[Empty text box for Corrosion Protection description]

Description of Integrity Management Program

[Empty text box for Integrity Management Program description]

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.

[Empty text box for construction method description]

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 492408 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Tank

Flowline Start Point Location Identification

Location ID: 315131 Location Type: Well Site [ ]
Name: FEDERAL-RABOURN-61N102W Number: 11SWNW
County: RIO BLANCO No Location ID

Qtr Qtr: SWNW Section: 11 Township: 1N Range: 102W Meridian: 6

Latitude: 40.071606 Longitude: -108.818874

Equipment at Start Point Riser: Well

**Flowline Description and Testing**

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

Bedding Material: \_\_\_\_\_ Date Construction Completed: 07/23/1977

Maximum Anticipated Operating Pressure (PSI): 50 Testing PSI: 88

Test Date: 10/21/2022

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 492409 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

Equipment at End Point Riser: Tank

**Flowline Start Point Location Identification**

Location ID: 316704 Location Type: Well Site

Name: FEDERAL-61N102W Number: 10SENE

County: RIO BLANCO No Location ID

Qtr Qtr: SENE Section: 10 Township: 1N Range: 102W Meridian: 6

Latitude: 40.072776 Longitude: -108.823794

Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Crude Oil Pipe Material: \_\_\_\_\_ Max Outer Diameter:(Inches) \_\_\_\_\_

Bedding Material: \_\_\_\_\_ Date Construction Completed: 03/22/1964

Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: 88

Test Date: 10/21/2022

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 492410 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

Equipment at End Point Riser: Tank

**Flowline Start Point Location Identification**

Location ID: 316703 Location Type: Well Site

Name: FEDERAL-61N102W Number: 11SWNW

County: RIO BLANCO No Location ID

Qtr Qtr: SWNW Section: 11 Township: 1N Range: 102W Meridian: 6

Latitude: 40.070896 Longitude: -108.819534

Equipment at Start Point Riser: Well

**Flowline Description and Testing**

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

Bedding Material: \_\_\_\_\_ Date Construction Completed: 02/25/1964

Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_

Testing PSI: 88

Test Date: 10/21/2022

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 492411 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

Equipment at End Point Riser: Tank

**Flowline Start Point Location Identification**

Location ID: 315667 Location Type: Well Site

Name: FEDERAL-61N102W Number: 10SENE

County: RIO BLANCO No Location ID

Qtr Qtr: SENE Section: 10 Township: 1N Range: 102W Meridian: 6

Latitude: 40.071966 Longitude: -108.823044

Equipment at Start Point Riser: Well

**Flowline Description and Testing**

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

Bedding Material: \_\_\_\_\_ Date Construction Completed: 09/01/1983

Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: 88

Test Date: 10/21/2022

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 492412 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

Equipment at End Point Riser: Tank

**Flowline Start Point Location Identification**

Location ID: 316702 Location Type: Well Site

Name: FEDERAL-61N102W Number: 11SWNW

County: RIO BLANCO No Location ID

Qtr Qtr: SWNW Section: 11 Township: 1N Range: 102W Meridian: 6

Latitude: 40.072666 Longitude: -108.817584

Equipment at Start Point Riser: Well

**Flowline Description and Testing**

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

Bedding Material: \_\_\_\_\_ Date Construction Completed: 01/13/1964

Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: 88

Test Date: 10/21/2022

**OPERATOR COMMENTS AND SUBMITTAL**

Comments

I have been trying to get these submitted for a few years but each time I have issued, I hope I have every now.

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

Signed: \_\_\_\_\_ Date: 02/04/2025 Email: lcgordon1@yahoo.com

Print Name: Linda Gordon Title: OFFICE

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: 12/1/2025

## CONDITIONS OF APPROVAL, IF ANY LIST

**COA Type**

**Description**

|  |  |
|--|--|
|  |  |
|--|--|

### ATTACHMENT LIST

**Att Doc Num**

**Name**

|           |                               |
|-----------|-------------------------------|
| 403230338 | Form44 Submitted              |
| 403719184 | PRESSURE TEST                 |
| 404081111 | OFF-LOCATION FLOWLINE GIS KML |
| 404081112 | OFF-LOCATION FLOWLINE GIS KML |
| 404081114 | OFF-LOCATION FLOWLINE GIS KML |
| 404081115 | OFF-LOCATION FLOWLINE GIS KML |
| 404081117 | OFF-LOCATION FLOWLINE GIS KML |
| 404084016 | OFF-LOCATION FLOWLINE GIS KML |

Total Attach: 8 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

|  |  |                        |
|--|--|------------------------|
|  |  | Stamp Upon<br>Approval |
|--|--|------------------------|

Total: 0 comment(s)