

State of Colorado Energy & Carbon Management Commission

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ECMC RECEPTION

Receive Date:

02/11/2026

Document Number:

404541521

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: 10651 Contact Person: Allison Schieber
Company Name: VERDAD RESOURCES LLC Phone: (720) 845-6909
Address: 1125 17TH STREET SUITE 600 Email: regulatory@verdadresources.com
City: DENVER State: CO Zip: 80202
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: 305640 Location Type: Well Site
Name: BRNAK-61N64W Number: 10NENW (OWP)
County: WELD
Qtr Qtr: NENW Section: 10 Township: 1N Range: 64W Meridian: 6
Latitude: 40.071360 Longitude: -104.539220

Description of Corrosion Protection

Anode's are installed on steel flowlines. An annual water sampling program to determine corrosive fluids on all locations has been implemented. Poly lines are used wherever possible to prevent corrosion. Flowlines are sampled and truck treated with scale and corrosion inhibitor on an as needed basis. Failures are identified through AVO and annual inspections.

Description of Integrity Management Program

Integrity of flowlines are managed by conducting a 4-hour pressure test with installation of the line. Verdad adheres to rule 1104.j.2 by using a FLIR GF 320 infrared gas detection camera and an RD 7100 Line Locator. The Inspector annually conducts a survey using the camera to inspect for leaks along the entire length of the flowline. Other annual tests include static head tests on below-ground dump lines and function tests on isolation valves. Sites are monitored daily by lease operators trained to use sensory observation to inspect for leaks at the facility.

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: Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Well

**Flowline Start Point Location Identification**

Location ID: 305640 Location Type: Well Site   
Name: BRNAK-61N64W Number: 10NENW (OWP)  
County: WELD No Location ID  
Qtr Qtr: NENW Section: 10 Township: 1N Range: 64W Meridian: 6  
Latitude: 40.071360 Longitude: -104.539220

Equipment at Start Point Riser: Separator

**Flowline Description and Testing**

Type of Fluid Transferred: \_\_\_\_\_ Pipe Material: \_\_\_\_\_ Max Outer Diameter:(Inches) \_\_\_\_\_  
Bedding Material: \_\_\_\_\_ Date Construction Completed: 01/01/2006  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OPERATOR COMMENTS AND SUBMITTAL**

Comments 

This well is being registered per ECMC request. This line will be removed as part of the nighthawk location construction.
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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: \_\_\_\_\_ Date: 02/11/2026 Email: regulatory@verdadresources.com  
Print Name: Allison Schieber Title: Sr. Regulatory Analyst

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**

404541521	Form44 Submitted
404541571	OFF-LOCATION FLOWLINE GIS SHP

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)