

State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION Receive Date: 10/10/2018 Document Number: 401700124

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

OGCC Operator Number: 18600 Contact Person: Anthony Trinko Company Name: COLORADO INTERSTATE GAS COMPANY LLC Phone: (719) 520-4557 Address: P O BOX 1087 Email: anthony_trinko@kindermorgan.com City: COLORADO SPRINGS State: CO Zip: 80944 Is the Operator a Tier One member of the Utility Notification Center of Colorado (UNCC) that participates in Colorado's One Call notification system? Yes [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 320621 Location Type: Well Site Name: TOTEM-62S62W Number: 7SESW County: ADAMS Qtr Qtr: SESW Section: 7 Township: 2S Range: 62W Meridian: 6 Latitude: 39.885090 Longitude: -104.369270

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: Flowline Type: Manifold Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.885090 Longitude: -104.369270 PDOP: 2.8 Measurement Date: 02/17/2009 Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: Location Type: Manifold [X] No Location ID Name: Totem Number: SWD #01 County: ADAMS Qtr Qtr: NENW Section: 17 Township: 2S Range: 62W Meridian: 6 Latitude: 39.882583 Longitude: -104.352154

Flowline Start Point Riser

Latitude: 39.882583 Longitude: -104.352154 PDOP: Measurement Date: 10/10/2018 Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: Produced Water Pipe Material: Fiberglass Max Outer Diameter:(Inches) 3.000
Bedding Material: Native Materials Date Construction Completed: 07/01/2009
Maximum Anticipated Operating Pressure (PSI): 1000 Testing PSI: 856
Test Date: 06/26/2018

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: 10/10/2018 Email: anthony_trinko@kindermorgan.com

Print Name: Anthony Trinko Title: Sr. Reservoir Engineer

Based on the information provided herein, this Flowline Report complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
401790619	FLOWLINE LAYOUT DRAWING
401790636	PRESSURE TEST

Total Attach: 2 Files