

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

05/19/2019

Document Number:

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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: 10112 Contact Person: JAMES SMITH
Company Name: FOUNDATION ENERGY MANAGEMENT LLC Phone: (918) 526-5592
Address: 5057 KELLER SPRINGS RD STE 650 Email: FORM44@FOUNDATIONENERGY.COM
City: ADDISON State: TX Zip: 75001
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 ☒ No ☐

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 302991 Location Type: Gathering Line
Name: STONE-61N45W Number: 26SENE
County: YUMA
Qtr Qtr: SENE Section: 26 Township: 1N Range: 45W Meridian: 6
Latitude: 40.027810 Longitude: -102.363970

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464544 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.027840 Longitude: -102.363941 PDOP: 0.9 Measurement Date: 05/10/2019
Equipment at End Point Riser: Custody Transfer Point

Flowline Start Point Location Identification

Location ID: 303966 Location Type: Well Site ☐ No Location ID
Name: STONE-61N45W Number: 26NWNE
County: YUMA
Qtr Qtr: NWNE Section: 26 Township: 1N Range: 45W Meridian: 6
Latitude: 40.029360 Longitude: -102.367830

Flowline Start Point Riser

Latitude: 40.029364 Longitude: -102.367840 PDOP: 0.9 Measurement Date: 05/10/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: <u>Natural Gas</u>	Pipe Material: <u>Carbon Steel</u>	Max Outer Diameter:(Inches) <u>3.000</u>
Bedding Material: <u>Native Materials</u>	Date Construction Completed: <u>01/01/1999</u>	
Maximum Anticipated Operating Pressure (PSI): <u>150</u>	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: 05/19/2019 Email: FORM44@FOUNDATIONENERGY.COM

Print Name: JAMES SMITH Title: HSE-REGULATORY SUPERVISOR

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: 05/21/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files