

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

05/15/2019

Document Number:

402013451

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: 34725 Contact Person: Matt Barnett
Company Name: GOSNEY & SONS INC Phone: (970) 884-9533
Address: P O BOX 367 Email: mattb@gosneyco.com
City: BAYFIELD State: CO Zip: 81122
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: 414270 Location Type: Well Site
Name: GOSNEY Number: 2-A
County: LA PLATA
Qtr Qtr: SWNW Section: 14 Township: 34N Range: 7W Meridian: M
Latitude: 37.192700 Longitude: -107.582560

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465384 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 37.192990 Longitude: -107.582135 PDOP: Measurement Date: 04/11/2019
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 325536 Location Type: Well Site [] No Location ID
Name: GOSNEY-M34N7W Number: 14NWNW
County: LA PLATA
Qtr Qtr: NWNW Section: 14 Township: 34N Range: 7W Meridian: M
Latitude: 37.195140 Longitude: -107.583300

Flowline Start Point Riser

Latitude: 37.195193 Longitude: -107.583129 PDOP: Measurement Date: 04/11/2019
Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000
Bedding Material: Sand Date Construction Completed: 12/31/2006
Maximum Anticipated Operating Pressure (PSI): 500 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: 05/15/2019 Email: mattb@gosneyco.com

Print Name: Matt Barnett Title: General Mgr

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: 6/14/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402013451	Form44 Submitted
402013452	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files