

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date: 03/08/2019

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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: 10373 Contact Person: Joseph Vargo
Company Name: NGL WATER SOLUTIONS DJ LLC Phone: (303) 815-1010
Address: 3773 CHERRY CRK NORTH DR #1000 Email: joseph.vargo@nglep.com
City: DENVER State: CO Zip: 80209
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: 302647 Location Type: Well Site
Name: NGL MAJOR FACILITY Number: C1
County: WELD
Qtr Qtr: SESE Section: 8 Township: 4N Range: 64W Meridian: 6
Latitude: 40.320830 Longitude: -104.566400

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465864 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.320830 Longitude: -104.566400 PDOP: Measurement Date: 02/26/2009
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 464900 Location Type: Produced Water Transfer System [ ] No Location ID
Name: NGL MAJOR FACILITY Number:
County: WELD
Qtr Qtr: SESE Section: 8 Township: 4N Range: 64W Meridian: 6
Latitude: 40.320216 Longitude: -104.566955

Flowline Start Point Riser

Latitude: 40.320227 Longitude: -104.567030 PDOP: Measurement Date: 02/26/2009
Equipment at Start Point Riser: Tank

**Flowline Description and Testing**

Type of Fluid Transferred: Produced Water Pipe Material: Fiberglass Max Outer Diameter:(Inches) 6.000  
 Bedding Material: Sand Date Construction Completed: 02/26/2009  
 Maximum Anticipated Operating Pressure (PSI): 2000 Testing PSI: 2000  
 Test Date: 11/19/2018

**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: 03/08/2019 Email: joseph.vargo@nglep.com

Print Name: Joseph Vargo Title: Regulatory Manager

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: 7/4/2019

**Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
401965986	Form44 Submitted
401965993	PRESSURE TEST

Total Attach: 2 Files