

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:

08/07/2019

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: 10071 Contact Person: Michael Clancy
Company Name: HIGHPOINT OPERATING CORPORATION Phone: (208) 5968194
Address: 555 17TH ST STE 3700 Email: michael@ecopoint-inc.com
City: DENVER State: CO Zip: 80202
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: 443153 Location Type: Well Site
Name: Anschutz Equus Farms Number: 4-62-9_10 South
County: WELD
Qtr Qtr: SWSW Section: 9 Township: 4N Range: 62W Meridian: 6
Latitude: 40.322619 Longitude: -104.338297

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.323001 Longitude: -104.339058 PDOP: 1.2 Measurement Date: 12/11/2018
Equipment at End Point Riser: Pigging Station

Flowline Start Point Location Identification

Location ID: 444840 Location Type: Production Facilities [] No Location ID
Name: Anschutz Equus Farms Number: 4-62-28 NWNW
County: WELD
Qtr Qtr: NWNW Section: 28 Township: 4N Range: 62W Meridian: 6
Latitude: 40.287881 Longitude: -104.337456

Flowline Start Point Riser

Latitude: 40.290080 Longitude: -104.338444 PDOP: 1.1 Measurement Date: 10/22/2018
Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 8.000
Bedding Material: Native Materials Date Construction Completed: 06/12/2015
Maximum Anticipated Operating Pressure (PSI): 500 Testing PSI: 1200
Test Date: 06/11/2018

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: _____ Flowline Type: Peripheral Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.322957 Longitude: -104.338386 PDOP: 1.4 Measurement Date: 12/18/2018
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 433642 Location Type: Production Facilities No Location ID
Name: Anschutz Equus Farms Number: 4-62-9_10 North
County: WELD
Qtr Qtr: NWNW Section: 9 Township: 4N Range: 62W Meridian: 6
Latitude: 40.330706 Longitude: -104.338733

Flowline Start Point Riser

Latitude: 40.329914 Longitude -104.339450 PDOP: 1.1 Measurement Date: 12/12/2018
Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 4.000
Bedding Material: Native Materials Date Construction Completed: 06/12/2015
Maximum Anticipated Operating Pressure (PSI): 1100 Testing PSI: 1200
Test Date: 06/11/2018

OPERATOR COMMENTS AND SUBMITTAL

Comments

The start location for the sales gas line is just off of a very large 3 facility location hence the large distance from the location.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 08/07/2019 Email: wes@ecopoint-inc.com
Print Name: Wes Collins Title: consultant

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
402137142	FLOWLINE LAYOUT DRAWING
402137145	OFF-LOCATION FLOWLINE GEODATABASE GDB
402137147	PRESSURE TEST

Total Attach: 3 Files