

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:

09/04/2019

Document Number:

402165867

## 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: 10634 Contact Person: Matt Trela  
Company Name: P O & G OPERATING LLC Phone: (713) 5898190  
Address: 5847 SAN FELIPE SUITE 3200 Email: matt\_trela@pogresources.com  
City: HOUSTON State: TX Zip: 77057  
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: 470605 Location Type: Production Facilities  
Name: Nininger Battery Number: \_\_\_\_\_  
County: WASHINGTON  
Qtr Qtr: Lot 4 Section: 1 Township: 16S Range: 45w Meridian: 6  
Latitude: 38.694615 Longitude: -102.420362

## FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470607 Flowline Type: Wellhead Line Action Type: Registration

## OFF LOCATION FLOWLINE REGISTRATION

## Flowline End Point Riser

Latitude: 38.694615 Longitude: -102.420362 PDOP: \_\_\_\_\_ Measurement Date: 09/03/2019  
Equipment at End Point Riser: Separator

## Flowline Start Point Location Identification

Location ID: 433807 Location Type: Well Site ☐ No Location ID  
Name: NININGER Number: 11-1-1645  
County: CHEYENNE  
Qtr Qtr: Lot 4 Section: 1 Township: 16S Range: 45W Meridian: 6  
Latitude: 38.694210 Longitude: -102.418580

## Flowline Start Point Riser

Latitude: 38.694210 Longitude: -102.418580 PDOP: \_\_\_\_\_ Measurement Date: 09/03/2019  
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

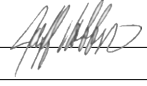
Type of Fluid Transferred: \_\_\_\_\_ Pipe Material: Fiberglass Max Outer Diameter:(Inches) \_\_\_\_\_  
Bedding Material: Native Materials Date Construction Completed: 12/02/1988  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**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: 09/04/2019 Email: chris\_chamberlain@pogresources.com  
Print Name: Chris Chamberlain Title: Ops Eng

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: 1/7/2020

**Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
402165867	Form44 Submitted
402165924	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files