

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: 10/07/2019 Document Number: 402202012

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: 10699 Contact Person: Pat Dolezal Company Name: OWN RESOURCES OPERATING LLC Phone: (970) 332-3585 Address: 36695 US-385 Email: pat.dolezal@ownresources.com City: WRAY State: CO Zip: 80758 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: Location Type: Production Facilities Name: NB Farms Number: 22-01 County: YUMA Qtr Qtr: SENW Section: 1 Township: 1N Range: 46W Meridian: 6 Latitude: 40.089989 Longitude: -102.464390

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.089989 Longitude: -102.464390 PDOP: Measurement Date: 10/04/2019 Equipment at End Point Riser: Meter

Flowline Start Point Location Identification

Location ID: 433153 Location Type: Well Site [] No Location ID Name: NB Farms Number: 22-01 1N46W County: YUMA Qtr Qtr: SENW Section: 1 Township: 1N Range: 46W Meridian: 6 Latitude: 40.083770 Longitude: -102.467750

Flowline Start Point Riser

Latitude: 40.083791 Longitude: -102.467620 PDOP: Measurement Date: 10/04/2019 Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 2.000
Bedding Material: _____ Date Construction Completed: 04/01/2014
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: 57
Test Date: 05/31/2018

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: 10/07/2019 Email: pat.dolezal@ownresources.com

Print Name: Pat Dolezal Title: Regulatory Specialist

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

Total Attach: 0 Files