

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:

10/28/2019

Document Number:

402223941

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: 10672 Contact Person: Brook Storhaug
Company Name: TIMBER CREEK OPERATING LLC Phone: (720) 5178846
Address: 6295 GREENWOOD PLAZA BLVD #100 Email: brookstorhaug@tcenergyllc.com
City: GREENWOOD State: CO Zip: 8111-4978
VILLAGE
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: Location Type: Compressor Station
Name: APACHE CANYON #4 COMPRESSOR STATION Number:
County: LAS ANIMAS
Qtr Qtr: NESE Section: 19 Township: 34S Range: 67W Meridian: 6
Latitude: 37.068580 Longitude: -104.925640

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: Flowline Type: Process Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 37.068486 Longitude: -104.925498 PDOP: Measurement Date: 06/13/2018
Equipment at End Point Riser: Compressor

Flowline Start Point Location Identification

Location ID: Location Type: Gathering Line ☒ No Location ID
Name: APACHE CANYON COMPRESSOR #7 Number:
County: LAS ANIMAS
Qtr Qtr: SWSW Section: 10 Township: 34S Range: 67W Meridian: 6
Latitude: 37.093824 Longitude: -104.881591

Flowline Start Point Riser

Latitude: 37.093849 Longitude: -104.881567 PDOP: Measurement Date: 06/07/2018
Equipment at Start Point Riser: Meter

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 16.000
Bedding Material: Native Materials Date Construction Completed: 01/01/1992
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: 10/28/2019 Email: brookstorhaug@tcenergyllc.com

Print Name: Brook Storhaug Title: GIS

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**

402223958	OFF-LOCATION FLOWLINE GEODATABASE GDB
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Total Attach: 1 Files