

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:

402223783

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: 10651 Contact Person: Michael Cugnetti
Company Name: VERDAD RESOURCES LLC Phone: (720) 8456901
Address: 5950 CEDAR SPRINGS ROAD Email: mcugnetti@verdadoil.com
City: DALLAS State: TX Zip: 75235
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: 459278 Location Type: Production Facilities
Name: Turecek State Battery Number: _____
County: WELD
Qtr Qtr: NWNW Section: 16 Township: 1N Range: 64W Meridian: 6
Latitude: 40.058465 Longitude: -104.563677

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460060 Flowline Type: Production Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.058465 Longitude: -104.563677 PDOP: 2.5 Measurement Date: 07/11/2018
Equipment at End Point Riser: Meter

Flowline Start Point Location Identification

Location ID: 159800 Location Type: Well Site ☐ No Location ID
Name: BLACKBURN Number: 01N-64W-08
County: WELD
Qtr Qtr: NENE Section: 8 Township: 1N Range: 64W Meridian: 6
Latitude: 40.072043 Longitude: -104.566451

Flowline Start Point Riser

Latitude: 40.071563 Longitude: -104.565645 PDOP: 2.2 Measurement Date: 07/11/2018
Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) _____
Bedding Material: Native Materials Date Construction Completed: 03/01/2016
Maximum Anticipated Operating Pressure (PSI): 250 Testing PSI: 270
Test Date: 05/16/2017

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service**FLOWLINE FACILITY INFORMATION**

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

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

Latitude: 40.057739 Longitude: -104.563816 PDOP: 1.0 Measurement Date: 09/13/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 422875 Location Type: _____ Well Site ☐ No Location ID

Name: Turecek State Number: 16-1H

County: WELD

Qtr Qtr: NWNW Section: 16 Township: 1N Range: 64W Meridian: 6

Latitude: 40.057210 Longitude: -104.564890

Flowline Start Point Riser

Latitude: 40.057242 Longitude: -104.564897 PDOP: 1.0 Measurement Date: 09/13/2019
:

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 04/01/2012
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: mcugnetti@verdadoil.com

Print Name: Michael Cugnetti Title: Director of EHS&R

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

402223840

FLOWLINE LAYOUT DRAWING

Total Attach: 1 Files