

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: 01/21/2020 Document Number: 402291464

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: 10254 Contact Person: Dave Andrews Company Name: RED MESA HOLDINGS/O&G LLC Phone: (303) 894-2100 Address: 5619 DTC PARKWAY - STE 800 Email: David.Andrews@state.co.us City: GREENWOOD State: CO Zip: 80111 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 [X]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: Location Type: Production Facilities Name: Red Mesa Holdings Tank Battery Number: 4 County: LA PLATA Qtr Qtr: NWNE Section: 26 Township: 33N Range: 12W Meridian: N Latitude: 37.080725 Longitude: -108.119356

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 37.080725 Longitude: -108.119356 PDOP: Measurement Date: 01/01/2011 Equipment at End Point Riser: Tank

Flowline Start Point Location Identification

Location ID: 325542 Location Type: Well Site No Location ID Name: TURNER-N33N12W Number: 26NENW County: LA PLATA Qtr Qtr: NENW Section: 26 Township: 33N Range: 12W Meridian: N Latitude: 37.081090 Longitude: -108.120260

Flowline Start Point Riser

Latitude: 37.081090 Longitude: -108.120260 PDOP: Measurement Date: 10/01/1981 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: 10/01/1981
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: 10/01/1981

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 37.080725 Longitude: -108.119356 PDOP: _____ Measurement Date: 09/30/2010
Equipment at End Point Riser: Tank

Flowline Start Point Location Identification

Location ID: 325652 Location Type: _____ Well Site No Location ID
Name: HERRERA-N33N12W Number: 23SWSE
County: LA PLATA
Qtr Qtr: SWSE Section: 23 Township: 33N Range: 12W Meridian: N
Latitude: 37.082590 Longitude: -108.118450

Flowline Start Point Riser

Latitude: 37.082590 Longitude: -108.118450 PDOP: _____ Measurement Date: 11/01/1984
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: 11/01/1984
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: 11/01/1984

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 37.080725 Longitude: -108.119356 PDOP: _____ Measurement Date: 09/30/2010
Equipment at End Point Riser: Tank

Flowline Start Point Location Identification

Location ID: 325573 Location Type: _____ Well Site No Location ID
Name: HERRERA-N33N12W Number: 26NWNE
County: LA PLATA
Qtr Qtr: NWNE Section: 26 Township: 33N Range: 12W Meridian: N
Latitude: 37.080570 Longitude: -108.117420

Flowline Start Point Riser

Latitude: 37.080570 Longitude -108.117420 PDOP: _____ Measurement Date: 10/23/1983

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: 10/23/1983

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: 10/23/1983

OPERATOR COMMENTS AND SUBMITTAL

Comments

OWP

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 01/21/2020 Email: caitlin.mckennie@state.co.us

Print Name: Caitlin McKennie Title: COGCC Intern

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

<u>Att Doc Num</u>	<u>Name</u>
402291476	AERIAL PHOTO

Total Attach: 1 Files