

**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:

02/05/2020

Document Number:

402304668

**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: 6420 Contact Person: Dave Andrews  
Company Name: BARNES PETROLEUM CORPORATION Phone: (303) 894-2100  
Address: 4356 RICKOVER DR Email: david.andrews@state.co.us  
City: DALLAS State: TX Zip: 75244  
Is the Operator a Tier One member of the Utility Notification Center of Colorado (CO811) that participates in Colorado's One Call notification system? Yes ☐ No ☒

**OFF LOCATION FLOWLINE**

**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 477562 Location Type: Production Facilities  
Name: Barnes Petroleum Rosener OWP Tank Number: #1  
County: ADAMS  
Qtr Qtr: NWSE Section: 8 Township: 1S Range: 59W Meridian: 6  
Latitude: 39.977760 Longitude: -104.004022

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 477563 Flowline Type: Production Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 39.977760 Longitude: -104.004022 PDOP:  Measurement Date: 04/23/2002  
Equipment at End Point Riser: Tank

**Flowline Start Point Location Identification**

Location ID: 320319 Location Type:  Well Site ☐ No Location ID  
Name: ROSENER-61S59W Number: 8NWNE  
County: ADAMS  
Qtr Qtr: NWNE Section: 8 Township: 1S Range: 59W Meridian: 6  
Latitude: 39.982763 Longitude: -104.003914

**Flowline Start Point Riser**

Latitude: 39.982763 Longitude: -104.003914 PDOP:  Measurement Date: 01/09/1991  
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: 01/09/1991

Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_

Test Date: 01/09/1991

### **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: 02/05/2020 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: 8/3/2020

## Condtions of Approval

**COA Type**

**Description**

## Attachment Check List

**Att Doc Num**

**Name**

|           |                  |
|-----------|------------------|
| 402304668 | Form44 Submitted |
| 402304719 | AERIAL PHOTO     |

Total Attach: 2 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

|  |  |                        |
|--|--|------------------------|
|  |  | Stamp Upon<br>Approval |
|--|--|------------------------|

Total: 0 comment(s)

