

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

Conditions of Approval

COA Type

Description

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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 Approval

Total: 0 comment(s)

