

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: 01/02/2023 Document Number: 403265466

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, provide pre-abandonment notices, or report abandonment of Off-Location Flowlines, Flowline Systems, Produced Water Transfer Systems, or Crude Oil Transfer Lines or Systems as required by the 1100 Series Rules. The Form 44 shall also be submitted to register, report realignment, or report abandonment of Domestic Taps, and to report Grade 1 Gas Leaks from Flowlines per Rules 610 and 906.

Operator Information

OGCC Operator Number: 96735 Contact Person: matt williford Company Name: WILLIFORD RESOURCES LLC Phone: (918) 7128828 Address: 6506 S LEWIS AVE STE 102 Email: mattw@swbell.net City: TULSA State: OK Zip: 74136 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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 325251 Location Type: Well Site Name: LONG & SCHLUTER-N33N11W Number: 7SENW County: LA PLATA Qtr Qtr: SENW Section: 7 Township: 33N Range: 11W Meridian: N Latitude: 37.120950 Longitude: -108.086970

Description of Corrosion Protection Description of Integrity Management Program Description of the construction method used for public by-ways, road crossings, sensitive wildlife habitats, sensitive areas, and natural and manmade watercourses (i.e., open trench, bored and cased, or bored only), if applicable.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 476338 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Tank

Flowline Start Point Location Identification

Location ID: 325699 Location Type: Well Site [] Name: LONG & SCHLUTER-N33N11W Number: 7SENW County: LA PLATA No Location ID

N

Qtr Qtr: SENW Section: 7 Township: 33N Range: 11W Meridian:

Latitude: 37.120447 Longitude: -108.084654

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000

Bedding Material: Native Materials Date Construction Completed: 02/26/1986

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

Test Date: 09/25/2019

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 476339 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Tank

Flowline Start Point Location Identification

Location ID: 325293 Location Type: _____ Well Site

Name: LONG & SCHLUTER-N33N11W Number: 7NENW

County: LA PLATA No Location ID

Qtr Qtr: NENW Section: 7 Township: 33N Range: 11W Meridian: N

Latitude: 37.124037 Longitude: -108.085404

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000

Bedding Material: Native Materials Date Construction Completed: 08/19/1975

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

Test Date: 09/25/2019

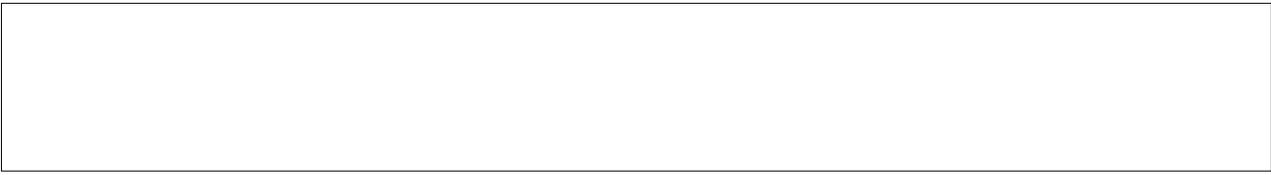
OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

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: 01/02/2023 Email: mattw@swbell.net

Print Name: matt williford Title: production manager

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: _____

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

403276831	OFF-LOCATION FLOWLINE GIS KML
403276832	OFF-LOCATION FLOWLINE GIS KML

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval

Total: 0 comment(s)