

State of Colorado
Energy & Carbon Management Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

01/19/2024

Document Number:

403660975

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: 95960 Contact Person: April Stegall
Company Name: WEXPRO COMPANY Phone: (307) 352-7561
Address: P O BOX 45003 Email: april.stegall@dominionenergy.com
City: SALT LAKE CITY State: UT Zip: 84145-0601
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: 312898 Location Type: Well Site
Name: HIAWATHA MIDDLE OIL-612N100W Number: 23SENW
County: MOFFAT
Qtr Qtr: SENW Section: 23 Township: 12N Range: 100W Meridian: 6
Latitude: 40.987346 Longitude: -108.603447

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: Flowline Type: Peripheral Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 450393 Location Type: Production Facilities ☐
Name: MOSU Central Facility Number:
County: MOFFAT No Location ID

Qtr Qtr: NENE Section: 23 Township: 12n Range: 100w Meridian:

Latitude: 40.989494 Longitude: -108.600869

Equipment at Start Point Riser: Manifold

Flowline Description and Testing

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

Bedding Material: Sand Date Construction Completed: 10/01/1988

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: 01/19/2024 Email: april.stegall@dominionenergy.com

Print Name: April Stegall Title: Permit Agent

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: _____

Condtions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

403661004	OFF-LOCATION FLOWLINE GIS DATA
403661007	OFF-LOCATION FLOWLINE GIS SHP

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)