

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

10/31/2019

Document Number:

402226512

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: 95960 Contact Person: Tammy Fredrickson
Company Name: WEXPRO COMPANY Phone: (307) 352-7514
Address: P O BOX 45003 Email: Tammy.Fredrickson@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 (UNCC) that participates in Colorado's One Call notification system? Yes ☒ No ☐

OFF LOCATION FLOWLINE**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 312834 Location Type: Well Site
Name: HIAWATHA MIDDLE OIL-612N100W Number: 23NWNE
County: MOFFAT
Qtr Qtr: NWNE Section: 23 Township: 12N Range: 100W Meridian: 6
Latitude: 40.990056 Longitude: -108.599847

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: Flowline Type: Process Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.989937 Longitude: -108.000000 PDOP: Measurement Date: 10/21/2019
Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 450393 Location Type: Production Facilities ☐ No Location ID
Name: MOSU Central Facility Number:
County: MOFFAT
Qtr Qtr: NENE Section: 23 Township: 12n Range: 100w Meridian: 6
Latitude: 40.989494 Longitude: -108.600869

Flowline Start Point Riser

Latitude: 40.989410 Longitude: -108.600808 PDOP: Measurement Date: 10/21/2019
Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Sand Date Construction Completed: 10/20/1988
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: _____ Flowline Type: Process Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.987315 Longitude: -108.603250 PDOP: _____ Measurement Date: 10/21/2019
Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 450393 Location Type: Production Facilities ☐ No Location ID
Name: MOSU Central Facility Number: _____
County: MOFFAT
Qtr Qtr: NENE Section: 23 Township: 12n Range: 100w Meridian: 6
Latitude: 40.989494 Longitude: -108.600869

Flowline Start Point Riser

Latitude: 40.989410 Longitude: -108.600808 PDOP: _____ Measurement Date: 10/21/2019
Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: 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: 10/31/2019 Email: Tammy.Fredrickson@dominionenergy.com

Print Name: Tammy Fredrickson Title: Senior 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: _____

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
--------------------	-------------

402227597	LAYOUT DRAWING-ACTUAL
-----------	-----------------------

402227618	LAYOUT DRAWING-ACTUAL
-----------	-----------------------

Total Attach: 2 Files