

State of Colorado Energy & Carbon Management Commission

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ECMC RECEPTION

Receive Date:

11/07/2024

Document Number:

402450585

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

ECMC Operator Number: 10560 Contact Person: Mike Hahn
 Company Name: WEST TEXAS OPERATING CO LLC DBA XTREME ENERGYCO Phone: (361) 570-1600
 Address: PO BOX 2326 Email: mhahn@xecusa.com
 City: VICTORIA State: TX Zip: 77902
 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: _____ Location Type: Gathering Line
 Name: GODFREY-633S43W Number: 19CSW
 County: BACA
 Qtr Qtr: CSW Section: 19 Township: 33S Range: 43W Meridian: 6
 Latitude: 37.153080 Longitude: -102.309766

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.

Trenched

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 321151 Location Type: _____ Well Site
 Name: GODFREY-633S43W Number: 19CSW

County: BACA

No Location ID

Qtr Qtr: CSW Section: 19 Township: 33S Range: 43W Meridian: 6

Latitude: 37.153080 Longitude: -102.309766

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000

Bedding Material: Native Materials Date Construction Completed: 11/15/1997

Maximum Anticipated Operating Pressure (PSI): 100 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: 11/07/2024 Email: mhahn@xecusa.com

Print Name: Mike Hahn Title: V P Oper

Based on the information provided herein, this Flowline Report complies with ECMC Rules and applicable orders and is hereby approved.

ECMC Approved: _____ **Director of ECMC** Date: _____

CONDITIONS OF APPROVAL, IF ANY LIST

COA Type

Description

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ATTACHMENT LIST

Att Doc Num

Name

402450585	Form44 Submitted
402450611	OFF-LOCATION FLOWLINE GEODATABASE KML

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)