

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:

06/20/2019

Document Number:

402082675

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: 10112 Contact Person: JAMES SMITH
Company Name: FOUNDATION ENERGY MANAGEMENT LLC Phone: (918) 526-5592
Address: 5057 KELLER SPRINGS RD STE 650 Email: FORM44@FOUNDATIONENERGY.COM
City: ADDISON State: TX Zip: 75001
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 [X] No [ ]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 302983 Location Type: Gathering Line
Name: ROSE-62S43W Number: 18SWSE
County: YUMA
Qtr Qtr: SWSE Section: 18 Township: 2S Range: 43W Meridian: 6
Latitude: 39.879640 Longitude: -102.227720

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.879637 Longitude: -102.227733 PDOP: 1.0 Measurement Date: 05/15/2019
Equipment at End Point Riser: Custody Transfer Point

Flowline Start Point Location Identification

Location ID: 303753 Location Type: Well Site [ ] No Location ID
Name: ROSE-62S43W Number: 18SWSW
County: YUMA
Qtr Qtr: SWSW Section: 18 Township: 2S Range: 43W Meridian: 6
Latitude: 39.879780 Longitude: -102.236330

Flowline Start Point Riser

Latitude: 39.879753 Longitude: -102.236361 PDOP: 0.9 Measurement Date: 05/15/2019
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 3.000  
Bedding Material: Native Materials Date Construction Completed: 01/01/1999  
Maximum Anticipated Operating Pressure (PSI): 150 Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: \_\_\_\_\_ Flowline Type: Production Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 39.879637 Longitude: -102.227733 PDOP: 1.0 Measurement Date: 05/15/2019  
Equipment at End Point Riser: Custody Transfer Point

**Flowline Start Point Location Identification**

Location ID: 304716 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: ROSE-62S43W Number: 18NESE  
County: YUMA  
Qtr Qtr: NESE Section: 18 Township: 2S Range: 43W Meridian: 6  
Latitude: 39.881690 Longitude: -102.224560

**Flowline Start Point Riser**

Latitude: 39.881706 Longitude -102.224589 PDOP: 1.0 Measurement Date: 06/11/2019  
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 3.000  
Bedding Material: Native Materials Date Construction Completed: 02/01/2005  
Maximum Anticipated Operating Pressure (PSI): 150 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: 06/20/2019 Email: FORM44@FOUNDATIONENERGY.COM

Print Name: JAMES SMITH Title: HSE-REGULATORY SUPERVISOR

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**

**Att Doc Num**      **Name**

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Total Attach: 0 Files