

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:

10/29/2019

Document Number:

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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: 52530 Contact Person: Ross Warner
Company Name: MAGPIE OPERATING INC Phone: (970) 6696308
Address: 2707 SOUTH COUNTY RD 11 Email: ross.magpieoil@gmail.com
City: LOVELAND State: CO Zip: 80537
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: 475179 Location Type: Well Site
Name: HALE-64N68W Number: 6SWNE
County: WELD
Qtr Qtr: SWNE Section: 6 Township: 4N Range: 68W Meridian: 6
Latitude: 40.343472 Longitude: -105.042265

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475182 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.343472 Longitude: -105.042265 PDOP: 2.2 Measurement Date: 06/07/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 318258 Location Type: Well Site ☐ No Location ID
Name: HALE-64N68W Number: 6SWNE
County: WELD
Qtr Qtr: SWNE Section: 6 Township: 4N Range: 68W Meridian: 6
Latitude: 40.344094 Longitude: -105.044360

Flowline Start Point Riser

Latitude: 40.344256 Longitude: -105.044325 PDOP: 2.8 Measurement Date: 06/07/2018
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 11/03/1976
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: 10/29/2019 Email: ross.magpieoil@gmail.com

Print Name: Ross Warner Title: Compliance

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: 4/10/2020

Attachment Check List**Att Doc Num****Name**

402225638

Form44 Submitted

Total Attach: 1 Files