

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: 05/30/2020 Document Number: 402409430

Grade 1 Gas Leak Report

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: 10071 Contact Person: Rusty Frishmuth Company Name: HIGHPOINT OPERATING CORPORATION Phone: (303) 2939100 Address: 555 17TH ST STE 3700 Email: rfrishmuth@hpres.com City: DENVER State: CO Zip: 80202 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 [X] No []

GRADE 1 GAS LEAK REPORT

Facility or Location ID Number: Flowline Location has No Location ID Number: [] Location Facility Name: CVR Number: 5-63-32_33 NWSW County: WELD Quarter: NWSW Section: 32 Township: 5N Range: 63W Meridian: 6 Latitude: 40.352747 Longitude: -104.468622

Was there a reportable E & P waste spill or release associated with this Grade 1 Gas Leak? Yes [] No [X] If YES, enter the Document Number of the Initial Spill/Release Report, Form 19 Was there a reportable accident associated with this Grade 1 Gas Leak? Yes [] No [X] If YES, enter the Document Number of the Initial Accident Report, Form 22

OPERATOR COMMENTS AND SUBMITTAL

Comments [Empty box]

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete. Signed: Dustin Watt Date: 05/30/2020 Email: dwatt@hpres.com Print Name: Dustin Watt Title: EHS Specialist

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**

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

Total Attach: 0 Files