

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

12/10/2018

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401828961

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: 10110 Contact Person: Renee Kendrick
Company Name: GREAT WESTERN OPERATING COMPANY LLC Phone: (720) 595-2114
Address: 1001 17TH STREET #2000 Email: rkendrick@gwogco.com
City: DENVER State: CO Zip: 80202
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: 310458 Location Type: Production Facilities
Name: LUMBERMEN-63N68W Number: 2NWSE
County: WELD
Qtr Qtr: NWSE Section: 2 Township: 3N Range: 68W Meridian: 6
Latitude: 40.253730 Longitude: -104.967940

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459658 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.251453 Longitude: -104.965033 PDOP: Measurement Date: 06/01/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 310458 Location Type: Well Site [ ] No Location ID
Name: LUMBERMEN-63N68W Number: 2NWSE
County: WELD
Qtr Qtr: NWSE Section: 2 Township: 3N Range: 68W Meridian: 6
Latitude: 40.253730 Longitude: -104.967940

Flowline Start Point Riser

Latitude: 40.253744 Longitude: -104.967929 PDOP: Measurement Date: 06/01/2017
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: 12/11/2008  
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: 12/10/2018 Email: rkendrick@gwogco.com

Print Name: Renee Kendrick Title: Senior Regulatory Analyst

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: 12/10/2018

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
401828961	Form44 Submitted

Total Attach: 1 Files