

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:

12/10/2018

Document Number:

401829152

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: 320488 Location Type: Production Facilities
Name: EQUINOX-61S67W Number: 9NESE
County: ADAMS
Qtr Qtr: NESE Section: 9 Township: 1S Range: 67W Meridian: 6
Latitude: 39.977639 Longitude: -104.887083

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459659 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.977282 Longitude: -104.887070 PDOP: Measurement Date: 06/04/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320492 Location Type: Well Site [] No Location ID
Name: EQUINOX-61S67W Number: 9SWSE
County: ADAMS
Qtr Qtr: SWSE Section: 9 Township: 1S Range: 67W Meridian: 6
Latitude: 39.973508 Longitude: -104.889203

Flowline Start Point Riser

Latitude: 39.973514 Longitude: -104.889217 PDOP: Measurement Date: 05/18/2017
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: 05/16/2003
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 Anaylst

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>
401829152	Form44 Submitted

Total Attach: 1 Files