

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:

11/06/2018

Document Number:

401828851

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 ☒ No ☐

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 460732 Location Type: Production Facilities
Name: SELTZER PP Facility Number: 61S67W
County: ADAMS
Qtr Qtr: NWNE Section: 4 Township: 1S Range: 67W Meridian: 6
Latitude: 39.997914 Longitude: -104.891500

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461233 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.997919 Longitude: -104.891502 PDOP: Measurement Date: 06/01/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320281 Location Type: Well Site ☐ No Location ID
Name: SELTZER-61S67W Number: 4NENE
County: ADAMS
Qtr Qtr: NENE Section: 4 Township: 1S Range: 67W Meridian: 6
Latitude: 39.997660 Longitude: -104.887930

Flowline Start Point Riser

Latitude: 39.997646 Longitude: -104.887909 PDOP: Measurement Date: 06/04/2017
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: 10/18/1992
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461234 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 39.997913 Longitude: -104.891496 PDOP: _____ Measurement Date: 06/01/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320412 Location Type: Well Site ☐ No Location ID
Name: SELTZER PP-61S67W Number: 4SWNE
County: ADAMS
Qtr Qtr: SWNE Section: 4 Township: 1S Range: 67W Meridian: 6
Latitude: 39.996150 Longitude: -104.890860

Flowline Start Point Riser

Latitude: 39.996130 Longitude: -104.890867 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: 10/25/1994
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461235 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 39.997918 Longitude: -104.891497 PDOP: _____ Measurement Date: 06/01/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320515 Location Type: Well Site ☐ No Location ID
Name: Seltzer LD Pad Number: _____
County: ADAMS
Qtr Qtr: NWNE Section: 4 Township: 1S Range: 67W Meridian: 6
Latitude: 39.999400 Longitude: -104.892190

Flowline Start Point Riser

Latitude: 39.999399 Longitude -104.892185 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: 10/07/2005

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: 11/06/2018 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: 1/28/2019

Attachment Check List

Att Doc Num

Name

401828851	Form44 Submitted
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Total Attach: 1 Files