

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: 12/14/2018 Document Number: 401874706

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: Location Type: Production Facilities Name: UPRR Pan AM F Facility Number: 60 County: ADAMS Qtr Qtr: SENW Section: 11 Township: 1S Range: 64W Meridian: 6 Latitude: 39.980688 Longitude: -104.520426

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.980487 Longitude: -104.520408 PDOP: Measurement Date: 06/15/2017 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320076 Location Type: Well Site [] No Location ID Name: GREAT WESTERN UPRR 60 PAN AM F Number: 1 County: ADAMS Qtr Qtr: NENW Section: 11 Township: 1S Range: 64W Meridian: 6 Latitude: 39.983181 Longitude: -104.520620

Flowline Start Point Riser

Latitude: 39.983244 Longitude: -104.520386 PDOP: Measurement Date: 06/15/2017 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: 11/23/1981
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.980490 Longitude: -104.520399 PDOP: _____ Measurement Date: 06/15/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320075 Location Type: _____ Well Site No Location ID
Name: GREAT WESTERN UPRR 60 PAN AM F Number: 2
County: ADAMS
Qtr Qtr: SENW Section: 11 Township: 1S Range: 64W Meridian: 6
Latitude: 39.979561 Longitude: -104.520570

Flowline Start Point Riser

Latitude: 39.979681 Longitude: -104.520344 PDOP: _____ Measurement Date: 06/15/2017
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: 11/23/1981
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: 12/14/2018 Email: rkendrick@gwogco.com

Print Name: Renee Kendrick Title: Sr 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: _____

Attachment Check List

Att Doc Num **Name**

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

Total Attach: 0 Files