

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:

01/18/2019

Document Number:

401910323

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: 425794 Location Type: Production Facilities
Name: STEFFES Number: FACILITY
County: WELD
Qtr Qtr: SENW Section: 2 Township: 3N Range: 68W Meridian: 6
Latitude: 40.257890 Longitude: -104.972860

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459623 Flowline Type: Wellhead Line Action Type: Abandonment

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

Latitude: 40.257931 Longitude: -104.972825 PDOP: Measurement Date: 06/01/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 424020 Location Type: Well Site ☐ No Location ID
Name: STEFFES Number: 22-2
County: WELD
Qtr Qtr: SENW Section: 2 Township: 3N Range: 68W Meridian: 6
Latitude: 40.257080 Longitude: -104.972700

Flowline Start Point Riser

Latitude: 40.257218 Longitude: -104.972693 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: 06/26/2013
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 08/27/2018

Description of Abandonment

Flowline was flushed with 25bbls fresh water prior to removing. Line was verified free of hydro carbons with LEL monitor. Line was dug up and 100% removed.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459626 Flowline Type: Wellhead Line Action Type: Abandonment

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

Latitude: 40.257931 Longitude: -104.972825 PDOP: _____ Measurement Date: 06/01/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 424020 Location Type: _____ Well Site ☐ No Location ID
Name: STEFFES Number: 22-2
County: WELD
Qtr Qtr: SENW Section: 2 Township: 3N Range: 68W Meridian: 6
Latitude: 40.257080 Longitude: -104.972700

Flowline Start Point Riser

Latitude: 40.257160 Longitude: -104.972704 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: 01/31/2012
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 08/28/2018

Description of Abandonment

Flowline was flushed with 25bbls fresh water prior to removing. Line was verified free of hydro carbons with LEL monitor. Line was dug up and 100% removed.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459625 Flowline Type: Wellhead Line Action Type: Abandonment

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

Latitude: 40.257902 Longitude: -104.972822 PDOP: Measurement Date: 06/01/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 424020 Location Type: Well Site ☐ No Location ID
Name: STEFFES Number: 22-2
County: WELD
Qtr Qtr: SENW Section: 2 Township: 3N Range: 68W Meridian: 6
Latitude: 40.257080 Longitude: -104.972700

Flowline Start Point Riser

Latitude: 40.257103 Longitude: -104.972717 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: 02/04/2012
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

OFF LOCATION FLOWLINE ABANDONMENT

Date: 08/28/2018

Description of Abandonment

Flowline was flushed with 25bbls fresh water prior to removing. Line was verified free of hydro carbons with LEL monitor. Line was dug up and 100% removed.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459624 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.257957 Longitude: -104.972823 PDOP: Measurement Date: 06/01/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 424020 Location Type: Well Site ☐ No Location ID
Name: STEFFES Number: 22-2
County: WELD
Qtr Qtr: SENW Section: 2 Township: 3N Range: 68W Meridian: 6
Latitude: 40.257080 Longitude: -104.972700

Flowline Start Point Riser

Latitude: 40.257271 Longitude: -104.972678 PDOP: Measurement Date: 05/27/2017
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: 06/04/2013
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 08/27/2018

Description of Abandonment

Flowline was flushed with 25bbbls fresh water prior to removing. Line was verified free of hydro carbons with LEL monitor. Line was dug up and 100% removed.

OPERATOR COMMENTS AND SUBMITTAL

Comments

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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 01/18/2019 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**

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Total Attach: 0 Files