

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:

12/13/2018

Document Number:

401873341

## 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: 320251 Location Type: Production Facilities  
Name: GREAT WESTERN ADAMS AGGREGATE Number: 2  
County: ADAMS  
Qtr Qtr: SWNE Section: 14 Township: 1S Range: 67W Meridian: 6  
Latitude: 39.966849 Longitude: -104.853861

## FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462029 Flowline Type: Wellhead Line Action Type: Registration

## OFF LOCATION FLOWLINE REGISTRATION

## Flowline End Point Riser

Latitude: 39.968021 Longitude: -104.854916 PDOP: Measurement Date: 06/13/2017  
Equipment at End Point Riser: Separator

## Flowline Start Point Location Identification

Location ID: 320251 Location Type: Well Site ☐ No Location ID  
Name: GREAT WESTERN ADAMS AGGREGATE Number: 2  
County: ADAMS  
Qtr Qtr: SWNE Section: 14 Township: 1S Range: 67W Meridian: 6  
Latitude: 39.966849 Longitude: -104.853861

## Flowline Start Point Riser

Latitude: 39.966851 Longitude: -104.853847 PDOP: Measurement Date: 06/13/2017  
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: 01/11/1986  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OPERATOR COMMENTS AND SUBMITTAL**

Comments Per the COGCC GIS mapping tool, the end and start locations have the same Location ID however this line does not start and end on the same location they are separate locations with the same number. Please refer to the map.

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

Signed: \_\_\_\_\_ Date: 12/13/2018 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: 2/14/2019

**Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
401873341	Form44 Submitted

Total Attach: 1 Files