

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: 02/18/2019

Document Number: 401943248

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: 418842 Location Type: Production Facilities
Name: Martin Number: Facility
County: WELD
Qtr Qtr: NESE Section: 12 Township: 3N Range: 68W Meridian: 6
Latitude: 40.238656 Longitude: -104.942047

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.238856 Longitude: -104.942527 PDOP: Measurement Date: 07/09/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 418714 Location Type: Well Site [ ] No Location ID
Name: Martin Number: 43-12
County: WELD
Qtr Qtr: NESE Section: 12 Township: 3N Range: 68W Meridian: 6
Latitude: 40.238619 Longitude: -104.944452

Flowline Start Point Riser

Latitude: 40.238618 Longitude: -104.944398 PDOP: Measurement Date: 07/09/2017
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: 01/07/2011  
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: 40.238856 Longitude: -104.942535 PDOP: \_\_\_\_\_ Measurement Date: 07/09/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 418714 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: Martin Number: 43-12  
County: WELD  
Qtr Qtr: NESE Section: 12 Township: 3N Range: 68W Meridian: 6  
Latitude: 40.238619 Longitude: -104.944452

**Flowline Start Point Riser**

Latitude: 40.238623 Longitude: -104.944443 PDOP: \_\_\_\_\_ Measurement Date: 07/11/2017  
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: 01/06/2011  
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: 40.238898 Longitude: -104.942530 PDOP: \_\_\_\_\_ Measurement Date: 07/09/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 418714 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: Martin Number: 43-12  
County: WELD  
Qtr Qtr: NESE Section: 12 Township: 3N Range: 68W Meridian: 6  
Latitude: 40.238619 Longitude: -104.944452

**Flowline Start Point Riser**

Latitude: 40.238622 Longitude -104.944500 PDOP: Measurement Date: 07/09/2017

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: 01/06/2011  
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: 40.238937 Longitude: -104.942528 PDOP: Measurement Date: 07/09/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 418716 Location Type: Well Site  No Location ID  
Name: Martin Number: 33-12  
County: WELD  
Qtr Qtr: NWSE Section: 12 Township: 3N Range: 68W Meridian: 6  
Latitude: 40.239082 Longitude: -104.948915

**Flowline Start Point Riser**

Latitude: 40.239090 Longitude -104.948924 PDOP: Measurement Date: 07/09/2017  
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: 01/07/2011  
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: 40.238938 Longitude: -104.942531 PDOP: Measurement Date: 07/09/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 418716 Location Type: Well Site  No Location ID  
Name: Martin Number: 33-12  
County: WELD

Qtr Qtr: NWSE Section: 12 Township: 3N Range: 68W Meridian: 6  
Latitude: 40.239082 Longitude: -104.948915

**Flowline Start Point Riser**

Latitude: 40.239092 Longitude -104.948869 PDOP: \_\_\_\_\_ Measurement Date: 07/09/2017

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: 01/08/2011  
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: 02/18/2019 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**

<b>Att Doc Num</b>	<b>Name</b>

Total Attach: 0 Files