

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:

02/06/2019

Document Number:

401931388

## 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: 434466 Location Type: Production Facilities  
Name: NEW DAY TANK BATTERY Number: 4C-7HZ  
County: WELD  
Qtr Qtr: NENW Section: 7 Township: 3N Range: 67W Meridian: 6  
Latitude: 40.247524 Longitude: -104.933406

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 462705 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.247713 Longitude: -104.932993 PDOP: Measurement Date: 06/25/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 331906 Location Type: Well Site ☐ No Location ID  
Name: HICKS-63N67W Number: 7NWNW  
County: WELD  
Qtr Qtr: NWNW Section: 7 Township: 3N Range: 67W Meridian: 6  
Latitude: 40.246267 Longitude: -104.939611

**Flowline Start Point Riser**

Latitude: 40.246250 Longitude: -104.939607 PDOP: Measurement Date: 06/25/2017  
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: 10/10/2003  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 462706 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.247718 Longitude: -104.932984 PDOP: \_\_\_\_\_ Measurement Date: 06/25/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 331939 Location Type: Well Site ☐ No Location ID  
Name: HICKS-63N67W Number: 7NENW  
County: WELD  
Qtr Qtr: NENW Section: 7 Township: 3N Range: 67W Meridian: 6  
Latitude: 40.246217 Longitude: -104.935025

**Flowline Start Point Riser**

Latitude: 40.246234 Longitude: -104.935035 PDOP: \_\_\_\_\_ Measurement Date: 06/25/2017  
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: 03/30/2004  
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: 02/06/2019 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: 2/27/2019

**Attachment Check List**

**Att Doc Num**

**Name**

401931388

Form44 Submitted

Total Attach: 1 Files