

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:

03/12/2019

Document Number:

401970625

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: 69175 Contact Person: JEnifer Hakkarinen
Company Name: PDC ENERGY INC Phone: (303) 8605800
Address: 1775 SHERMAN STREET - STE 3000 Email: Jenifer.Hakkarinen@pdce.com
City: DENVER State: CO Zip: 80203

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: 333044 Location Type: Production Facilities
Name: HANKINS-65N67W Number: 17SESE
County: WELD
Qtr Qtr: SESE Section: 17 Township: 5N Range: 67W Meridian: 6
Latitude: 40.394530 Longitude: -104.909190

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463232 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.393920 Longitude: -104.907621 PDOP: Measurement Date: 03/12/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 333044 Location Type: Well Site [] No Location ID
Name: HANKINS-65N67W Number: 17SESE
County: WELD
Qtr Qtr: SESE Section: 17 Township: 5N Range: 67W Meridian: 6
Latitude: 40.394530 Longitude: -104.909190

Flowline Start Point Riser

Latitude: 40.394534 Longitude: -104.909186 PDOP: Measurement Date: 03/12/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Pea Gravel Date Construction Completed: 12/04/2007
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463233 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.393920 Longitude: -104.907621 PDOP: _____ Measurement Date: 03/12/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 309678 Location Type: _____ Well Site No Location ID
Name: HANKINS-65N67W Number: 17SWSE
County: WELD
Qtr Qtr: SWSE Section: 17 Township: 5N Range: 67W Meridian: 6
Latitude: 40.394610 Longitude: -104.913860

Flowline Start Point Riser

Latitude: 40.394610 Longitude -104.913860 PDOP: _____ Measurement Date: 03/12/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Pea Gravel Date Construction Completed: 12/09/2007
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: 03/12/2019 Email: Jenifer.Hakkarinen@pdce.com
Print Name: JEnifer Hakkarinen Title: REg Tech

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: 3/12/2019

Attachment Check List

Att Doc Num	Name
401970625	Form44 Submitted
401970664	AERIAL PHOTO

Total Attach: 2 Files