

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:

03/19/2019

Document Number:

401977273

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: 332984 Location Type: Production Facilities
Name: LEONARD & SON-65N67W Number: 16SWNW
County: WELD
Qtr Qtr: SWNW Section: 16 Township: 5N Range: 67W Meridian: 6
Latitude: 40.401440 Longitude: -104.904780

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463377 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.400990 Longitude: -104.904577 PDOP: Measurement Date: 03/19/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319630 Location Type: Well Site [] No Location ID
Name: LEONARD & SON-65N67W Number: 16NENW
County: WELD
Qtr Qtr: NENW Section: 16 Township: 5N Range: 67W Meridian: 6
Latitude: 40.405190 Longitude: -104.899920

Flowline Start Point Riser

Latitude: 40.405190 Longitude: -104.899922 PDOP: Measurement Date: 03/19/2019
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: 01/12/1984
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: 03/19/2019 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: 3/19/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401977273	Form44 Submitted
401977288	AERIAL PHOTO

Total Attach: 2 Files