

# State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

03/18/2019

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## 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: Location Type: Production Facilities  
Name: Hicks P S7 SESE Number: 3N67W  
County: WELD  
Qtr Qtr: SESE Section: 7 Township: 3N Range: 67W Meridian: 6  
Latitude: 40.236170 Longitude: -104.926258

#### FLOWLINE FACILITY INFORMATION

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

#### OFF LOCATION FLOWLINE REGISTRATION

##### Flowline End Point Riser

Latitude: 40.236236 Longitude: -104.926410 PDOP: Measurement Date: 03/11/2019  
Equipment at End Point Riser: Separator

##### Flowline Start Point Location Identification

Location ID: 305138 Location Type: Well Site ☐ No Location ID  
Name: HICKS P-63N67W Number: 7NWSE  
County: WELD  
Qtr Qtr: NWSE Section: 7 Township: 3N Range: 67W Meridian: 6  
Latitude: 40.237760 Longitude: -104.928214

##### Flowline Start Point Riser

Latitude: 40.237764 Longitude: -104.928217 PDOP: Measurement Date: 03/15/2019  
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: 12/09/2004  
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: 40.236219 Longitude: -104.926406 PDOP: \_\_\_\_\_ Measurement Date: 07/09/2016  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 329687 Location Type: \_\_\_\_\_ Well Site ☐ No Location ID  
Name: HICKS-63N67W Number: 7SESE  
County: WELD  
Qtr Qtr: SESE Section: 7 Township: 3N Range: 67W Meridian: 6  
Latitude: 40.235045 Longitude: -104.925715

**Flowline Start Point Riser**

Latitude: 40.235611 Longitude: -104.924953 PDOP: \_\_\_\_\_ Measurement Date: 07/09/2016  
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: 01/22/1994  
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: 03/18/2019 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**

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files