

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:

04/05/2019

Document Number:

401996688

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: 320486 Location Type: Production Facilities
Name: HSR-STATE-61S67W Number: 16CNW
County: ADAMS
Qtr Qtr: CNW Section: 16 Township: 1S Range: 67W Meridian: 6
Latitude: 39.968369 Longitude: -104.898508

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459622 Flowline Type: Wellhead Line Action Type: Abandonment

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

Latitude: 39.968160 Longitude: -104.898272 PDOP: Measurement Date: 06/01/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320446 Location Type: Well Site ☐ No Location ID
Name: JOHN H. EHLER-61S67W Number: 9SWSW
County: ADAMS
Qtr Qtr: SWSW Section: 9 Township: 1S Range: 67W Meridian: 6
Latitude: 39.974653 Longitude: -104.899197

Flowline Start Point Riser

Latitude: 39.974647 Longitude: -104.899209 PDOP: Measurement Date: 06/01/2017
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: 09/08/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 04/03/2019

Description of Abandonment

Pipe was disconnected from wellhead and from separator. Both ends plugged below ground. Flowline was flushed with 25bbls fresh water prior to plug. Line was verified free of hydro carbons with LEL monitor. Line was cut below ground level. Line was capped on both ends with 120lbs of slurry per NTO. Backfilled on both ends

OPERATOR COMMENTS AND SUBMITTAL

Comments

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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 04/05/2019 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

Att Doc Num

Name

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Total Attach: 0 Files