

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

05/14/2019

Document Number:

401915403

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: 96155 Contact Person: Kyle Waggoner
Company Name: WHITING OIL & GAS CORPORATION Phone: (970) 437-4113
Address: 1700 BROADWAY STE 2300 Email: kyle.waggoner@whiting.com
City: DENVER State: CO Zip: 80290
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: 445362 Location Type: Well Site
Name: Horsetail Number: 30G Pad
County: WELD
Qtr Qtr: SWNE Section: 30 Township: 10N Range: 57W Meridian: 6
Latitude: 40.810528 Longitude: -103.792342

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464937 Flowline Type: Peripheral Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.811009 Longitude: -103.791687 PDOP: Measurement Date: 11/06/2018
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 436612 Location Type: Production Facilities No Location ID
Name: Horsetail Number: 30 Production
County: WELD
Qtr Qtr: SENE Section: 30 Township: 10N Range: 57W Meridian: 6
Latitude: 40.810781 Longitude: -103.788928

Flowline Start Point Riser

Latitude: 40.811374 Longitude: -103.788595 PDOP: Measurement Date: 11/06/2018
Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 4.500
 Bedding Material: Native Materials Date Construction Completed: 04/03/2018
 Maximum Anticipated Operating Pressure (PSI): 1100 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: 05/14/2019 Email: kyle.waggoner@whiting.com

Print Name: Kyle Waggoner Title: Field Regulatory Manager

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: 6/5/2019

Attachment Check List**Att Doc Num****Name**

401915403	Form44 Submitted
402043360	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files