

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:

06/19/2019

Document Number:

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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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 434466 Location Type: Production Facilities
Name: NEW DAY TANK BATTERY Number: 4C-7HZ
County: WELD
Qtr Qtr: NENW Section: 7 Township: 3N Range: 67W Meridian: 6
Latitude: 40.247524 Longitude: -104.933406

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462705 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.247713 Longitude: -104.932993 PDOP: Measurement Date: 06/25/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331906 Location Type: Well Site [] No Location ID
Name: HICKS-63N67W Number: 7NWNW
County: WELD
Qtr Qtr: NWNW Section: 7 Township: 3N Range: 67W Meridian: 6
Latitude: 40.246267 Longitude: -104.939611

Flowline Start Point Riser

Latitude: 40.246250 Longitude: -104.939607 PDOP: Measurement Date: 06/25/2017
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: 10/10/2003
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/10/2019

Description of Abandonment

Pipe was disconnected from wellhead and from separator. Flowline was flushed with 25bbls fresh water. Line was verified free of hydro carbons with LEL monitor. Flowline was removed.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462706 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.247718 Longitude: -104.932984 PDOP: _____ Measurement Date: 06/25/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331939 Location Type: _____ Well Site No Location ID
Name: HICKS-63N67W Number: 7NENW
County: WELD
Qtr Qtr: NENW Section: 7 Township: 3N Range: 67W Meridian: 6
Latitude: 40.246217 Longitude: -104.935025

Flowline Start Point Riser

Latitude: 40.246234 Longitude: -104.935035 PDOP: _____ Measurement Date: 07/10/2017
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: 03/30/2004
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/10/2019

Description of Abandonment

Pipe was disconnected from wellhead and from separator. Flowline was flushed with 25bbls fresh water. Line was verified free of hydro carbons with LEL monitor. Flowline was removed.

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: 06/19/2019 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

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files