

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:

07/01/2019

Document Number:

402079942

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: 417139 Location Type: Production Facilities
Name: HCW TANK BATTERY Number: _____
County: WELD
Qtr Qtr: NENW Section: 25 Township: 6N Range: 67W Meridian: 6
Latitude: 40.464910 Longitude: -104.842150

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.465182 Longitude: -104.842210 PDOP: _____ Measurement Date: 06/08/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 416870 Location Type: Well Site ☐ No Location ID
Name: HCW Number: 24-14
County: WELD
Qtr Qtr: SWSW Section: 24 Township: 6N Range: 67W Meridian: 6
Latitude: 40.467150 Longitude: -104.849010

Flowline Start Point Riser

Latitude: 40.467166 Longitude: -104.849097 PDOP: _____ Measurement Date: 06/08/2017
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: 01/30/2011
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: 40.465190 Longitude: -104.842258 PDOP: _____ Measurement Date: 06/08/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 416870 Location Type: _____ Well Site ☐ No Location ID
Name: HCW Number: 24-14
County: WELD
Qtr Qtr: SWSW Section: 24 Township: 6N Range: 67W Meridian: 6
Latitude: 40.467150 Longitude: -104.849010

Flowline Start Point Riser

Latitude: 40.467210 Longitude: -104.849161 PDOP: _____ Measurement Date: 06/08/2017
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: 01/23/2011
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: 07/01/2019 Email: rkendrick@gwogco.com

Print Name: Renee Kendrick Title: Senior 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>
--------------------	-------------

--	--

Total Attach: 0 Files