

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: 07/01/2019

Document Number: 402079943

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: 417318 Location Type: Production Facilities
Name: HEINZE Number: TANK BATTERY 1
County: WELD
Qtr Qtr: SWSE Section: 31 Township: 7N Range: 63W Meridian: 6
Latitude: 40.524730 Longitude: -104.475220

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465757 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.524770 Longitude: -104.475137 PDOP: Measurement Date: 06/07/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 306570 Location Type: Well Site [] No Location ID
Name: HEINZE-67N63W Number: 31SESE
County: WELD
Qtr Qtr: SESE Section: 31 Township: 7N Range: 63W Meridian: 6
Latitude: 40.524860 Longitude: -104.472330

Flowline Start Point Riser

Latitude: 40.524866 Longitude: -104.472329 PDOP: Measurement Date: 06/07/2017
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: 08/24/2008
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465758 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.524779 Longitude: -104.475092 PDOP: _____ Measurement Date: 06/07/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302765 Location Type: _____ Well Site No Location ID
Name: HEINZE Number: 31-24
County: WELD
Qtr Qtr: SESW Section: 31 Township: 7N Range: 63W Meridian: 6
Latitude: 40.524640 Longitude: -104.481780

Flowline Start Point Riser

Latitude: 40.524645 Longitude: -104.481789 PDOP: _____ Measurement Date: 06/09/2017
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: 09/14/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465759 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.524777 Longitude: -104.475137 PDOP: _____ Measurement Date: 06/07/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302765 Location Type: _____ Well Site No Location ID
Name: HEINZE Number: 31-24
County: WELD
Qtr Qtr: SESW Section: 31 Township: 7N Range: 63W Meridian: 6
Latitude: 40.524640 Longitude: -104.481780

Flowline Start Point Riser

Latitude: 40.524642 Longitude -104.481861 PDOP: _____ Measurement Date: 06/07/2017

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: 09/19/2010

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: 7/3/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402079943	Form44 Submitted

Total Attach: 1 Files