

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:

07/02/2019

Document Number:

402080513

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: 418554 Location Type: Production Facilities
Name: COULSON TANK BATTERY Number:
County: WELD
Qtr Qtr: SESW Section: 2 Township: 4N Range: 67W Meridian: 6
Latitude: 40.337810 Longitude: -104.861990

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465763 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.337951 Longitude: -104.862252 PDOP: Measurement Date: 06/07/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 310038 Location Type: Well Site No Location ID
Name: COULSON Number: PAD A
County: WELD
Qtr Qtr: SESW Section: 2 Township: 4N Range: 67W Meridian: 6
Latitude: 40.336020 Longitude: -104.860260

Flowline Start Point Riser

Latitude: 40.335941 Longitude: -104.860360 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: 11/02/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465764 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.337934 Longitude: -104.862288 PDOP: _____ Measurement Date: 06/09/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 310038 Location Type: _____ Well Site No Location ID
Name: COULSON Number: PAD A
County: WELD
Qtr Qtr: SESW Section: 2 Township: 4N Range: 67W Meridian: 6
Latitude: 40.336020 Longitude: -104.860260

Flowline Start Point Riser

Latitude: 40.335973 Longitude: -104.860311 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: 11/09/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465765 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.337925 Longitude: -104.862279 PDOP: _____ Measurement Date: 06/07/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 310038 Location Type: _____ Well Site No Location ID
Name: COULSON Number: PAD A
County: WELD
Qtr Qtr: SESW Section: 2 Township: 4N Range: 67W Meridian: 6
Latitude: 40.336020 Longitude: -104.860260

Flowline Start Point Riser

Latitude: 40.336006 Longitude -104.860266 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: 11/16/2010

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: 07/02/2019 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>
402080513	Form44 Submitted

Total Attach: 1 Files