

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:

402080589

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: 418911 Location Type: Production Facilities
Name: LARSON TANK BATTERY Number:
County: WELD
Qtr Qtr: NWNW Section: 20 Township: 7N Range: 66W Meridian: 6
Latitude: 40.567230 Longitude: -104.807410

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465760 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.567221 Longitude: -104.807732 PDOP: Measurement Date: 06/08/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302243 Location Type: Well Site [] No Location ID
Name: LARSON-67N66W Number: 20NWNW
County: WELD
Qtr Qtr: NWNW Section: 20 Township: 7N Range: 66W Meridian: 6
Latitude: 40.565750 Longitude: -104.809390

Flowline Start Point Riser

Latitude: 40.565749 Longitude: -104.809386 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: 09/20/2008
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465761 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.567221 Longitude: -104.807635 PDOP: _____ Measurement Date: 06/08/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 418736 Location Type: _____ Well Site No Location ID
Name: HILL Number: 20-22
County: WELD
Qtr Qtr: SENW Section: 20 Township: 7N Range: 66W Meridian: 6
Latitude: 40.562650 Longitude: -104.804760

Flowline Start Point Riser

Latitude: 40.562637 Longitude: -104.804779 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: 12/19/2008
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465762 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.567225 Longitude: -104.807728 PDOP: _____ Measurement Date: 06/08/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302241 Location Type: _____ Well Site No Location ID
Name: LARSON-67N66W Number: 20SWNW
County: WELD
Qtr Qtr: SWNW Section: 20 Township: 7N Range: 66W Meridian: 6
Latitude: 40.562080 Longitude: -104.809530

Flowline Start Point Riser

Latitude: 40.562093 Longitude -104.809501 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: 09/25/2008

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>
402080589	Form44 Submitted

Total Attach: 1 Files