

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:

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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: 431446 Location Type: Production Facilities
Name: Land JG Offsite Tank Battery Number: 31-25D
County: WELD
Qtr Qtr: Lot 2 Section: 31 Township: 2N Range: 64W Meridian: 6
Latitude: 40.088647 Longitude: -104.602339

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.089007 Longitude: -104.602406 PDOP: Measurement Date: 06/07/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 431392 Location Type: Well Site [] No Location ID
Name: Land JG Pad Number: 31-25D
County: WELD
Qtr Qtr: Lot 2 Section: 31 Township: 2N Range: 64W Meridian: 6
Latitude: 40.088156 Longitude: -104.599425

Flowline Start Point Riser

Latitude: 40.088338 Longitude: -104.599431 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: 03/10/2013
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: 40.089007 Longitude: -104.602406 PDOP: _____ Measurement Date: 06/07/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 431392 Location Type: Well Site No Location ID
Name: Land JG Pad Number: 31-25D
County: WELD
Qtr Qtr: Lot 2 Section: 31 Township: 2N Range: 64W Meridian: 6
Latitude: 40.088156 Longitude: -104.599425

Flowline Start Point Riser

Latitude: 40.088111 Longitude: -104.599355 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: 02/27/2013
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: 40.089007 Longitude: -104.602406 PDOP: _____ Measurement Date: 06/07/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 431392 Location Type: Well Site No Location ID
Name: Land JG Pad Number: 31-25D
County: WELD
Qtr Qtr: Lot 2 Section: 31 Township: 2N Range: 64W Meridian: 6
Latitude: 40.088156 Longitude: -104.599425

Flowline Start Point Riser

Latitude: 40.088169 Longitude -104.599362 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: 02/22/2013
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: 40.089007 Longitude: -104.602406 PDOP: Measurement Date: 06/07/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 431392 Location Type: Well Site No Location ID
Name: Land JG Pad Number: 31-25D
County: WELD
Qtr Qtr: Lot 2 Section: 31 Township: 2N Range: 64W Meridian: 6
Latitude: 40.088156 Longitude: -104.599425

Flowline Start Point Riser

Latitude: 40.088333 Longitude -104.599362 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: 02/02/2013
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: 40.089007 Longitude: -104.602406 PDOP: Measurement Date: 06/07/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 431392 Location Type: Well Site No Location ID
Name: Land JG Pad Number: 31-25D
County: WELD

Qtr Qtr: Lot 2 Section: 31 Township: 2N Range: 64W Meridian: 6
Latitude: 40.088156 Longitude: -104.599425

Flowline Start Point Riser

Latitude: 40.088282 Longitude -104.599362 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: 02/06/2013

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: _____

Attachment Check List

Att Doc Num

Name

Att Doc Num	Name

Total Attach: 0 Files