

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:

07/02/2019

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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 ☒ No ☐

**OFF LOCATION FLOWLINE****FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 431590 Location Type: Production Facilities  
Name: Stroh CNW-22 Offsite Tank Battery Number: 22-32D  
County: WELD  
Qtr Qtr: SWNW Section: 22 Township: 4N Range: 67W Meridian: 6  
Latitude: 40.301483 Longitude: -104.885983

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 465784 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**

Latitude: 40.301640 Longitude: -104.886090 PDOP: Measurement Date: 05/16/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 310850 Location Type: Well Site ☐ No Location ID  
Name: GREAT WESTERN STROH Number: 22-22  
County: WELD  
Qtr Qtr: SENW Section: 22 Township: 4N Range: 67W Meridian: 6  
Latitude: 40.299760 Longitude: -104.879240

**Flowline Start Point Riser**

Latitude: 40.299767 Longitude: -104.879267 PDOP: Measurement Date: 05/16/2017  
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: 10/07/2010  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 465785 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**

Latitude: 40.301640 Longitude: -104.886096 PDOP: \_\_\_\_\_ Measurement Date: 05/16/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 310849 Location Type: Well Site ☐ No Location ID  
Name: Stroh CNW-22 PAD Number: 22-32D  
County: WELD  
Qtr Qtr: SENW Section: 22 Township: 4N Range: 67w Meridian: 6  
Latitude: 40.301140 Longitude: -104.881710

**Flowline Start Point Riser**

Latitude: 40.301145 Longitude: -104.881746 PDOP: \_\_\_\_\_ Measurement Date: 05/16/2017  
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: 12/20/2008  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 465786 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**

Latitude: 40.301643 Longitude: -104.886093 PDOP: \_\_\_\_\_ Measurement Date: 05/16/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 310848 Location Type: Well Site ☐ No Location ID  
Name: GREAT WESTERN STROH Number: 12-22  
County: WELD  
Qtr Qtr: SWNW Section: 22 Township: 4N Range: 67W Meridian: 6  
Latitude: 40.300060 Longitude: -104.883790

**Flowline Start Point Riser**

Latitude: 40.300042 Longitude -104.883807 PDOP: Measurement Date: 05/16/2017

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: 10/03/2010

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**

**Att Doc Num**

**Name**

402088268

Form44 Submitted

Total Attach: 1 Files