

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:

402088268

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: 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

<u>Att Doc Num</u>	<u>Name</u>
402088268	Form44 Submitted

Total Attach: 1 Files