

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

07/03/2019

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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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 320310 Location Type: Production Facilities
Name: GREEN-61S68W Number: 14SWNE
County: ADAMS
Qtr Qtr: SWNE Section: 14 Township: 1S Range: 68W Meridian: 6
Latitude: 39.966425 Longitude: -104.966769

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.966592 Longitude: -104.966889 PDOP: Measurement Date: 06/07/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320311 Location Type: Well Site [] No Location ID
Name: N. COLORADO BLVD-61S68W Number: 13SESW
County: ADAMS
Qtr Qtr: SESW Section: 13 Township: 1S Range: 68W Meridian: 6
Latitude: 39.960789 Longitude: -104.952403

Flowline Start Point Riser

Latitude: 39.966439 Longitude: -104.966779 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: 04/30/1993
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: 07/03/2019 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

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files