

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:

07/05/2019

Document Number:

402088413

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: 437605 Location Type: Production Facilities
Name: Champlin Off-site Tank Battery Number: _____
County: ADAMS
Qtr Qtr: SWNW Section: 35 Township: 1S Range: 66W Meridian: 6
Latitude: 39.922944 Longitude: -104.750269

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 39.922795 Longitude: -104.750267 PDOP: _____ Measurement Date: 06/06/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320143 Location Type: Well Site ☐ No Location ID
Name: GREAT WESTERN CHAMPLIN 117 AM Number: 5
County: ADAMS
Qtr Qtr: SWNW Section: 35 Township: 1S Range: 66W Meridian: 6
Latitude: 39.923302 Longitude: -104.750064

Flowline Start Point Riser

Latitude: 39.923299 Longitude: -104.750049 PDOP: _____ Measurement Date: 06/06/2017
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: 02/25/1983
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: 39.922795 Longitude: -104.750267 PDOP: _____ Measurement Date: 06/06/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320171 Location Type: _____ Well Site ☐ No Location ID
Name: GREAT WESTERN CHAMPLIN 117 AM Number: 6
County: ADAMS
Qtr Qtr: NENW Section: 35 Township: 1S Range: 66W Meridian: 6
Latitude: 39.927061 Longitude: -104.745174

Flowline Start Point Riser

Latitude: 39.927062 Longitude: -104.745195 PDOP: _____ Measurement Date: 06/06/2017
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: 08/07/1983
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: 07/05/2019 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

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files