

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:

07/05/2019

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: 450406 Location Type: Production Facilities
Name: Pierce Unit Central Tank Battery Number:
County: WELD
Qtr Qtr: SESE Section: 22 Township: 8N Range: 66W Meridian: 6
Latitude: 40.643635 Longitude: -104.756987

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.644035 Longitude: -104.757307 PDOP: Measurement Date: 06/07/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317516 Location Type: Well Site [] No Location ID
Name: UPRR TROY JONES-68N66W Number: 22SENE
County: WELD
Qtr Qtr: SENE Section: 22 Township: 8N Range: 66W Meridian: 6
Latitude: 40.648990 Longitude: -104.756390

Flowline Start Point Riser

Latitude: 40.649004 Longitude: -104.756387 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: 11/15/1956
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: 40.643713 Longitude: -104.757518 PDOP: _____ Measurement Date: 06/07/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317697 Location Type: _____ Well Site No Location ID
Name: PIERCE UNIT-68N66W Number: 23SWSW
County: WELD
Qtr Qtr: SWSW Section: 23 Township: 8N Range: 66W Meridian: 6
Latitude: 40.641880 Longitude: -104.751510

Flowline Start Point Riser

Latitude: 40.641833 Longitude: -104.751504 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: 01/17/1973
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: 40.643713 Longitude: -104.757518 PDOP: _____ Measurement Date: 06/07/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317513 Location Type: _____ Well Site No Location ID
Name: UPPR PIERCE TOWNSITE-68N66W Number: 26NWNW
County: WELD
Qtr Qtr: NWNW Section: 26 Township: 8N Range: 66W Meridian: 6
Latitude: 40.638530 Longitude: -104.751790

Flowline Start Point Riser

Latitude: 40.638519 Longitude -104.751900 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: 11/19/1956
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: 40.643713 Longitude: -104.757518 PDOP: Measurement Date: 06/07/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317512 Location Type: Well Site No Location ID
Name: PIERCE LYONS UNIT-JENNINGS-68N66W Number: 27NWSE
County: WELD
Qtr Qtr: NWSE Section: 27 Township: 8N Range: 66W Meridian: 6
Latitude: 40.631160 Longitude: -104.761090

Flowline Start Point Riser

Latitude: 40.631135 Longitude -104.761125 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: 12/29/1956
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: 40.644035 Longitude: -104.757307 PDOP: Measurement Date: 06/07/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317515 Location Type: Well Site No Location ID
Name: ANDRE-68N66W Number: 22NWSE
County: WELD

Qtr Qtr: NWSE Section: 22 Township: 8N Range: 66W Meridian: 6
Latitude: 40.645610 Longitude: -104.761170

Flowline Start Point Riser

Latitude: 40.645473 Longitude -104.761145 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: 05/15/1957

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

Att Doc Num	Name

Total Attach: 0 Files