

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:

07/23/2019

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  No

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 462770 Location Type: Production Facilities  
Name: UPRR Pan AM F Facility Number: 60  
County: ADAMS  
Qtr Qtr: SENW Section: 11 Township: 1S Range: 64W Meridian: 6  
Latitude: 39.980688 Longitude: -104.520426

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462807 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.980487 Longitude: -104.520408 PDOP: Measurement Date: 06/20/2017  
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320076 Location Type: Well Site  No Location ID  
Name: GREAT WESTERN UPRR 60 PAN AM F Number: 1  
County: ADAMS  
Qtr Qtr: NENW Section: 11 Township: 1S Range: 64W Meridian: 6  
Latitude: 39.983181 Longitude: -104.520620

Flowline Start Point Riser

Latitude: 39.983244 Longitude: -104.520386 PDOP: Measurement Date: 06/15/2017  
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: 11/23/1981  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 01/15/2019

**Description of Abandonment**

Flowline was flushed with 25bbbls fresh water prior to removing. Line was verified free of hydro carbons with LEL monitor. Line was dug up and 100% removed.

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 462808 Flowline Type: Wellhead Line Action Type: Abandonment

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 39.980490 Longitude: -104.520399 PDOP: \_\_\_\_\_ Measurement Date: 06/15/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 320075 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: GREAT WESTERN UPRR 60 PAN AM F Number: 2  
County: ADAMS  
Qtr Qtr: SENW Section: 11 Township: 1S Range: 64W Meridian: 6  
Latitude: 39.979561 Longitude: -104.520570

**Flowline Start Point Riser**

Latitude: 39.979681 Longitude: -104.520344 PDOP: \_\_\_\_\_ Measurement Date: 06/15/2017  
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: 11/23/1981  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 01/15/2019

**Description of Abandonment**

Flowline was flushed with 25bbbls fresh water prior to removing. Line was verified free of hydro carbons with LEL monitor. Line was dug up and 100% removed.

**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: 07/23/2019 Email: rkendrick@gwogco.com

Print Name: Renee Kendrick Title: Sr 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**

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