

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:

07/25/2019

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: 69175 Contact Person: Jenifer Hakkarinen
Company Name: PDC ENERGY INC Phone: (303) 8605800
Address: 1775 SHERMAN STREET - STE 3000 Email: Jenifer.Hakkarinen@pdce.com
City: DENVER State: CO Zip: 80203
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: 323178 Location Type: Production Facilities
Name: LANDAU-65N65W Number: 3NESE
County: WELD
Qtr Qtr: NESE Section: 3 Township: 5N Range: 65W Meridian: 6
Latitude: 40.426325 Longitude: -104.642278

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.425552 Longitude: -104.642100 PDOP: Measurement Date: 01/01/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 244874 Location Type: Well Site ☐ No Location ID
Name: LANDAU Number: 2
County: WELD
Qtr Qtr: NESE Section: 3 Township: 5N Range: 65W Meridian: 6
Latitude: 40.426243 Longitude: -104.642120

Flowline Start Point Riser

Latitude: 40.426243 Longitude: -104.642120 PDOP: Measurement Date: 01/01/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 01/07/1986
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: 07/25/2019 Email: Jenifer.Hakkarinen@pdce.com

Print Name: Jenifer Hakkarinen Title: Reg Tech

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**

402121514

AERIAL PHOTO

Total Attach: 1 Files