

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:

08/02/2019

Document Number:

402131997

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: 437140 Location Type: Production Facilities
Name: Cornish Off-site Tank Battery Number: 08-399HN
County: WELD
Qtr Qtr: SWSW Section: 8 Township: 6N Range: 63W Meridian: 6
Latitude: 40.494081 Longitude: -104.469622

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466469 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.494210 Longitude: -104.470240 PDOP: Measurement Date: 06/07/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 306191 Location Type: Well Site [ ] No Location ID
Name: CORNISH-66N63W Number: 8SWSW
County: WELD
Qtr Qtr: SWSW Section: 8 Township: 6N Range: 63W Meridian: 6
Latitude: 40.495190 Longitude: -104.467970

Flowline Start Point Riser

Latitude: 40.495194 Longitude: -104.467996 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: 11/02/2006  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 466470 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.493236 Longitude: -104.470161 PDOP: \_\_\_\_\_ Measurement Date: 06/07/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 306192 Location Type: Well Site  No Location ID  
Name: CORNISH-66N63W Number: 17NWNW  
County: WELD  
Qtr Qtr: NWNW Section: 17 Township: 6N Range: 63W Meridian: 6  
Latitude: 40.491830 Longitude: -104.468000

**Flowline Start Point Riser**

Latitude: 40.491846 Longitude: -104.468016 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: 10/16/2007  
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: 08/02/2019 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: 8/7/2019

**Attachment Check List**

**Att Doc Num**      **Name**

402131997	Form44 Submitted
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Total Attach: 1 Files