

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:

08/07/2019

Document Number:

402132226

## 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) 595-2144  
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: 466608 Location Type: Production Facilities  
Name: Peppler Number: 17  
County: WELD  
Qtr Qtr: SWNW Section: 17 Township: 6N Range: 63W Meridian: 6  
Latitude: 40.489762 Longitude: -104.465945

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 466661 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.489762 Longitude: -104.465945 PDOP: Measurement Date: 06/07/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 310057 Location Type: Well Site ☐ No Location ID  
Name: PEPPLER-66N63W Number: 17SENW  
County: WELD  
Qtr Qtr: SENW Section: 17 Township: 6N Range: 63W Meridian: 6  
Latitude: 40.488670 Longitude: -104.462940

**Flowline Start Point Riser**

Latitude: 40.488668 Longitude: -104.462972 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: 05/08/2008  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 466662 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.489763 Longitude: -104.465954 PDOP: \_\_\_\_\_ Measurement Date: 06/07/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 310651 Location Type: Well Site ☐ No Location ID  
Name: PEPPLER-66N63W Number: 17SWNW  
County: WELD  
Qtr Qtr: SWNW Section: 17 Township: 6N Range: 63W Meridian: 6  
Latitude: 40.488580 Longitude: -104.467670

**Flowline Start Point Riser**

Latitude: 40.488598 Longitude: -104.467662 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: 11/16/2008  
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: 08/07/2019 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: 8/13/2019

**Attachment Check List**

**Att Doc Num****Name**

402132226

Form44 Submitted

Total Attach: 1 Files