

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:

08/19/2019

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: 417318 Location Type: Production Facilities  
Name: HEINZE Number: TANK BATTERY 1  
County: WELD  
Qtr Qtr: SWSE Section: 31 Township: 7N Range: 63W Meridian: 6  
Latitude: 40.524730 Longitude: -104.475220

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 465758 Flowline Type: Wellhead Line Action Type:

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

Latitude: 40.524779 Longitude: -104.475092 PDOP: Measurement Date: 06/07/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 302765 Location Type: Well Site ☐ No Location ID  
Name: HEINZE Number: 31-24  
County: WELD  
Qtr Qtr: SESW Section: 31 Township: 7N Range: 63W Meridian: 6  
Latitude: 40.524640 Longitude: -104.481780

**Flowline Start Point Riser**

Latitude: 40.524645 Longitude: -104.481789 PDOP: Measurement Date: 06/09/2017  
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: 09/14/2010  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE REMOVAL FROM SERVICE**

Date: \_\_\_\_\_

**Description of Removal from Service**

\_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 465759 Flowline Type: Wellhead Line Action Type: \_\_\_\_\_

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

Latitude: 40.524777 Longitude: -104.475137 PDOP: \_\_\_\_\_ Measurement Date: 06/07/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 302765 Location Type: \_\_\_\_\_ Well Site ☐ No Location ID

Name: HEINZE Number: 31-24

County: WELD

Qtr Qtr: SESW Section: 31 Township: 7N Range: 63W Meridian: 6

Latitude: 40.524640 Longitude: -104.481780

**Flowline Start Point Riser**

Latitude: 40.524642 Longitude: -104.481861 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: 09/19/2010  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE REMOVAL FROM SERVICE**

Date: \_\_\_\_\_

**Description of Removal from Service**

\_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

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

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

Latitude: 40.524777 Longitude: -104.475095 PDOP: \_\_\_\_\_ Measurement Date: 06/07/2017

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 306569 Location Type: Well Site ☐ No Location ID  
Name: HEINZE-67N63W Number: 31SWSE  
County: WELD  
Qtr Qtr: SWSE Section: 31 Township: 7N Range: 63W Meridian: 6  
Latitude: 40.524640 Longitude: -104.476940

**Flowline Start Point Riser**

Latitude: 40.524626 Longitude: -104.476961 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: 08/30/2008  
Maximum Anticipated Operating Pressure (PSI): Testing PSI:  
Test Date:

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 465757 Flowline Type: Wellhead Line Action Type:

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.524770 Longitude: -104.475137 PDOP: Measurement Date: 06/07/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 306570 Location Type: Well Site ☐ No Location ID  
Name: HEINZE-67N63W Number: 31SESE  
County: WELD  
Qtr Qtr: SESE Section: 31 Township: 7N Range: 63W Meridian: 6  
Latitude: 40.524860 Longitude: -104.472330

**Flowline Start Point Riser**

Latitude: 40.524866 Longitude: -104.472329 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: 08/24/2008  
Maximum Anticipated Operating Pressure (PSI): Testing PSI:  
Test Date:

**OFF LOCATION FLOWLINE REMOVAL FROM SERVICE**

Date: \_\_\_\_\_

**Description of Removal from Service**

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**OPERATOR COMMENTS AND SUBMITTAL**

Comments

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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: \_\_\_\_\_ Date: 08/19/2019 Email: rkendrick@gwogco.comPrint 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**

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Total Attach: 0 Files