

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:

08/19/2019

Document Number:

402139376

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: 417139 Location Type: Production Facilities
Name: HCW TANK BATTERY Number:
County: WELD
Qtr Qtr: NENW Section: 25 Township: 6N Range: 67W Meridian: 6
Latitude: 40.464910 Longitude: -104.842150

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465752 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.465182 Longitude: -104.842210 PDOP: Measurement Date: 06/08/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 416870 Location Type: Well Site [] No Location ID
Name: HCW Number: 24-14
County: WELD
Qtr Qtr: SWSW Section: 24 Township: 6N Range: 67W Meridian: 6
Latitude: 40.467150 Longitude: -104.849010

Flowline Start Point Riser

Latitude: 40.467166 Longitude: -104.849097 PDOP: Measurement Date: 06/08/2017
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: 01/30/2011
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: 40.465189 Longitude: -104.842112 PDOP: _____ Measurement Date: 06/07/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 416873 Location Type: _____ Well Site No Location ID
Name: HCW Number: 24-53
County: WELD
Qtr Qtr: NWSW Section: 24 Township: 6N Range: 67W Meridian: 6
Latitude: 40.468870 Longitude: -104.846720

Flowline Start Point Riser

Latitude: 40.468909 Longitude -104.846729 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: 01/15/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.465192 Longitude: -104.842064 PDOP: _____ Measurement Date: 06/07/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 416873 Location Type: _____ Well Site No Location ID
Name: HCW Number: 24-53

County: WELD

Qtr Qtr: NWSW Section: 24 Township: 6N Range: 67W Meridian: 6

Latitude: 40.468870 Longitude: -104.846720

Flowline Start Point Riser

Latitude: 40.468963 Longitude -104.846724 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: 01/09/2011

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.465197 Longitude: -104.842157 PDOP: _____ Measurement Date: 06/07/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 416867 Location Type: Well Site No Location ID

Name: HCW Number: 24-24

County: WELD

Qtr Qtr: SESW Section: 24 Township: 6N Range: 67W Meridian: 6

Latitude: 40.467090 Longitude: -104.844310

Flowline Start Point Riser

Latitude: 40.467086 Longitude -104.844331 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: 12/18/2010

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.465181 Longitude: -104.842067 PDOP: _____ Measurement Date: 06/07/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 416873 Location Type: Well Site No Location ID
Name: HCW Number: 24-53
County: WELD
Qtr Qtr: NWSW Section: 24 Township: 6N Range: 67W Meridian: 6
Latitude: 40.468870 Longitude: -104.846720

Flowline Start Point Riser

Latitude: 40.469027 Longitude -104.846721 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: 01/02/2011
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465753 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.465190 Longitude: -104.842258 PDOP: Measurement Date: 06/08/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 416870 Location Type: Well Site No Location ID
Name: HCW Number: 24-14
County: WELD
Qtr Qtr: SWSW Section: 24 Township: 6N Range: 67W Meridian: 6
Latitude: 40.467150 Longitude: -104.849010

Flowline Start Point Riser

Latitude: 40.467210 Longitude -104.849161 PDOP: Measurement Date: 06/08/2017
:
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: 01/23/2011
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service

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: 08/19/2019 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: _____

Attachment Check List

Att Doc Num

Name

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files