

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:

08/21/2019

Document Number:

402151451

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.465078 Longitude: -104.841871 PDOP: _____ Measurement Date: 06/07/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 306460 Location Type: Well Site ☐ No Location ID
Name: DETTERER-66N67W Number: 24NWSE
County: WELD
Qtr Qtr: NWSE Section: 24 Township: 6N Range: 67W Meridian: 6
Latitude: 40.470940 Longitude: -104.840140

Flowline Start Point Riser

Latitude: 40.470635 Longitude: -104.840194 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: 05/15/2007
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**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 466865 Flowline Type: Wellhead Line Action Type: _____

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:

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date:

Description of Removal from Service

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: 466867 Flowline Type: Wellhead Line Action Type: _____**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**Latitude: 40.465181 Longitude: -104.842067 PDOP: _____ Measurement Date: 06/07/2017Equipment at End Point Riser: Separator**Flowline Start Point Location Identification**Location ID: 416873 Location Type: _____ Well Site ☐ No Location IDName: HCW Number: 24-53County: WELDQtr Qtr: NWSW Section: 24 Township: 6N Range: 67W Meridian: 6Latitude: 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: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service**FLOWLINE FACILITY INFORMATION**Flowline Facility ID: 466864 Flowline Type: Wellhead Line Action Type: _____**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**Latitude: 40.465189 Longitude: -104.842112 PDOP: _____ Measurement Date: 06/07/2017Equipment at End Point Riser: Separator**Flowline Start Point Location Identification**Location ID: 416873 Location Type: _____ Well Site ☐ No Location IDName: HCW Number: 24-53County: WELD

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: 08/21/2019 Email: rkendrick@gwogco.comPrint Name: Renee Kendrick Title: Sr. 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