

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:

402139327

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: 451100 Location Type: Production Facilities
Name: Raindance FD Off-Site Tank Pad Number: 20-202HNX
County: WELD
Qtr Qtr: NESE Section: 30 Township: 6N Range: 67W Meridian: 6
Latitude: 40.455389 Longitude: -104.927350

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.455693 Longitude: -104.927400 PDOP: Measurement Date: 06/07/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 427917 Location Type: Well Site ☐ No Location ID
Name: Raindance Drilling FD Pad Number: 19-219HN
County: WELD
Qtr Qtr: NENE Section: 30 Township: 6N Range: 67W Meridian: 6
Latitude: 40.463222 Longitude: -104.927175

Flowline Start Point Riser

Latitude: 40.462825 Longitude: -104.927463 PDOP: Measurement Date: 06/07/2019
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: 08/28/2017
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: 40.455693 Longitude: -104.927237 PDOP: _____ Measurement Date: 06/07/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 427917 Location Type: _____ Well Site ☐ No Location ID
Name: Raindance Drilling FD Pad Number: 19-219HN
County: WELD
Qtr Qtr: NENE Section: 30 Township: 6N Range: 67W Meridian: 6
Latitude: 40.463222 Longitude: -104.927175

Flowline Start Point Riser

Latitude: 40.462679 Longitude: -104.927470 PDOP: _____ Measurement Date: 06/07/2019
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: 08/30/2017
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: 40.455693 Longitude: -104.927364 PDOP: _____ Measurement Date: 06/07/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 427917 Location Type: _____ Well Site ☐ No Location ID
Name: Raindance Drilling FD Pad Number: 19-219HN
County: WELD
Qtr Qtr: NENE Section: 30 Township: 6N Range: 67W Meridian: 6
Latitude: 40.463222 Longitude: -104.927175

Flowline Start Point Riser

Latitude: 40.462798 Longitude -104.927475 PDOP: Measurement Date: 06/07/2019

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: 08/30/2017

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: 40.455693 Longitude: -104.927414 PDOP: Measurement Date: 06/07/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 427917 Location Type: Well Site ☐ No Location ID

Name: Raindance Drilling FD Pad Number: 19-219HN

County: WELD

Qtr Qtr: NENE Section: 30 Township: 6N Range: 67W Meridian: 6

Latitude: 40.463222 Longitude: -104.927175

Flowline Start Point Riser

Latitude: 40.462837 Longitude -104.927429 PDOP: Measurement Date: 06/07/2019

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: 07/10/2017

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: 40.455693 Longitude: -104.926839 PDOP: Measurement Date: 06/07/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 427917 Location Type: Well Site ☐ No Location ID

Name: Raindance Drilling FD Pad Number: 19-219HN

County: WELD

Qtr Qtr: NENE Section: 30 Township: 6N Range: 67W Meridian: 6
Latitude: 40.463222 Longitude: -104.927175

Flowline Start Point Riser

Latitude: 40.462427 Longitude -104.927603 PDOP: Measurement Date: 06/07/2019

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: 08/29/2017

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: 08/21/2019 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

402139327	Form44 Submitted
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Total Attach: 1 Files