

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION
Receive Date:
09/10/2019
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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: 69175 Contact Person: Jenifer Hakarinen
Company Name: PDC ENERGY INC Phone: (303) 860-5800
Address: 1775 SHERMAN STREET - STE 3000 Email: Jenifer.hakarinen@pdce.com
City: DENVER State: CO Zip: 80203
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: 319155 Location Type: Production Facilities
Name: LEE-64N65W Number: 10SWSW
County: WELD
Qtr Qtr: SWSW Section: 10 Township: 4N Range: 65W Meridian: 6
Latitude: 40.321426 Longitude: -104.656207

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.321975 Longitude: -104.658190 PDOP: _____ Measurement Date: 06/30/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 243002 Location Type: _____ Well Site No Location ID
Name: LEE Number: 1-10
County: WELD
Qtr Qtr: SWSW Section: 10 Township: 4N Range: 65W Meridian: 6
Latitude: 40.321389 Longitude: -104.656110

Flowline Start Point Riser

Latitude: 40.321512 Longitude: -104.656315 PDOP: _____ Measurement Date: 06/30/2017
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 09/21/1982
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: 09/10/2019 Email: Jenifer.hakarinen@pdce.com

Print Name: Jenifer Hakarinen Title: Reg Tech

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
402171277	AERIAL PHOTO

Total Attach: 1 Files