

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION
Receive Date:
09/18/2019
Document Number:
402177276

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: 95620 Contact Person: Steve James
Company Name: WESTERN OPERATING COMPANY Phone: (303) 8932438
Address: 1165 DELAWARE STREET #200 Email: steve@westernoperating.com
City: DENVER State: CO Zip: 80204
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: 324792 Location Type: Production Facilities
Name: PYLES, BERTHA-619S45W Number: 10NESW
County: KIOWA
Qtr Qtr: NESW Section: 10 Township: 19S Range: 45W Meridian: 6
Latitude: 38.416972 Longitude: -102.448024

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 467586 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 38.416906 Longitude: -102.448097 PDOP: _____ Measurement Date: 07/16/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 324877 Location Type: _____ Well Site No Location ID
Name: BERTHA PYLES-619S45W Number: 10NWSW
County: KIOWA
Qtr Qtr: NWSW Section: 10 Township: 19S Range: 45W Meridian: 6
Latitude: 38.416932 Longitude: -102.452634

Flowline Start Point Riser

Latitude: 38.416956 Longitude: -102.452618 PDOP: _____ Measurement Date: 07/16/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000
Bedding Material: Native Materials Date Construction Completed: 10/06/1996
Maximum Anticipated Operating Pressure (PSI): 70 Testing PSI: 72
Test Date: 07/16/2019

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: 09/18/2019 Email: elang@ltenv.com

Print Name: Eric Lang Title: Project Geologist

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: 9/18/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402177276	Form44 Submitted
402178317	OFF-LOCATION FLOWLINE GEODATABASE GDB

Total Attach: 2 Files