

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:

08/20/2019

Document Number:

402140021

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: 470489 Location Type: Production Facilities
Name: Flessner Number: Pad
County: WASHINGTON
Qtr Qtr: SESW Section: 19 Township: 1S Range: 56W Meridian: 6
Latitude: 39.947181 Longitude: -103.697206

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470490 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.947176 Longitude: -103.697210 PDOP: Measurement Date: 06/07/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317136 Location Type: Well Site ☐ No Location ID
Name: GREAT WESTERN FLESSNER Number: 1-A
County: WASHINGTON
Qtr Qtr: SWNE Section: 30 Township: 1S Range: 56W Meridian: 6
Latitude: 39.938170 Longitude: -103.694310

Flowline Start Point Riser

Latitude: 39.938165 Longitude: -103.694359 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: 12/18/1976
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470491 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 39.947181 Longitude: -103.697206 PDOP: _____ Measurement Date: 06/07/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 316999 Location Type: Well Site ☐ No Location ID
Name: GREAT WESTERN FLESSNER Number: 9
County: WASHINGTON
Qtr Qtr: SWSE Section: 19 Township: 1S Range: 56W Meridian: 6
Latitude: 39.945350 Longitude: -103.693070

Flowline Start Point Riser

Latitude: 39.945367 Longitude: -103.693071 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: 11/17/1953
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470492 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 39.947261 Longitude: -103.697207 PDOP: _____ Measurement Date: 06/07/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317139 Location Type: Well Site ☐ No Location ID
Name: FLESSNER-61S56W Number: 30NWNE
County: WASHINGTON
Qtr Qtr: NWNE Section: 30 Township: 1S Range: 56W Meridian: 6
Latitude: 39.941720 Longitude: -103.693020

Flowline Start Point Riser

Latitude: 39.941730 Longitude -103.693049 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: 08/08/1977

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: 08/20/2019 Email: rkendrick@gwogco.com

Print 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: 1/3/2020

Attachment Check List

Att Doc Num

Name

402140021	Form44 Submitted
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Total Attach: 1 Files