

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:

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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: 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: 320314 Location Type: Production Facilities  
Name: N COLORADO 44-13-61S68W Number: 13SESE  
County: ADAMS  
Qtr Qtr: SESE Section: 13 Township: 1S Range: 68W Meridian: 6  
Latitude: 39.960103 Longitude: -104.944481

## FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470512 Flowline Type: Wellhead Line Action Type: Registration

## OFF LOCATION FLOWLINE REGISTRATION

## Flowline End Point Riser

Latitude: 39.960439 Longitude: -104.941896 PDOP: Measurement Date: 06/05/2017  
Equipment at End Point Riser: Separator

## Flowline Start Point Location Identification

Location ID: 320314 Location Type: Well Site ☐ No Location ID  
Name: N COLORADO 44-13-61S68W Number: 13SESE  
County: ADAMS  
Qtr Qtr: SESE Section: 13 Township: 1S Range: 68W Meridian: 6  
Latitude: 39.960103 Longitude: -104.944481

## Flowline Start Point Riser

Latitude: 39.960072 Longitude: -104.944476 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: 04/01/1993  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**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.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: 1/3/2020

**Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
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Total Attach: 0 Files