

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION Receive Date: 09/18/2019 Document Number: 402176609

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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 470690 Location Type: Production Facilities Name: HARRISON-619S45W Number: 9SWSE County: KIOWA Qtr Qtr: SWSE Section: 9 Township: 19S Range: 45W Meridian: 6 Latitude: 38.414268 Longitude: -102.460561

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470695 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 38.414268 Longitude: -102.460561 PDOP: Measurement Date: 07/17/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 324796 Location Type: Well Site [] No Location ID Name: HARRISON-619S45W Number: 9SWSE County: KIOWA Qtr Qtr: SWSE Section: 9 Township: 19S Range: 45W Meridian: 6 Latitude: 38.413632 Longitude: -102.461275

Flowline Start Point Riser

Latitude: 38.413722 Longitude: -102.461311 PDOP: Measurement Date: 07/17/2019 Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: Fiberglass Max Outer Diameter:(Inches) 3.000
Bedding Material: Native Materials Date Construction Completed: 11/08/1967
Maximum Anticipated Operating Pressure (PSI): 30 Testing PSI: 76
Test Date: 07/17/2019

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470696 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 38.414244 Longitude: -102.460539 PDOP: _____ Measurement Date: 07/17/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 324901 Location Type: _____ Well Site No Location ID
Name: HARRISON-619S45W Number: 9SENE
County: KIOWA
Qtr Qtr: SENE Section: 9 Township: 19S Range: 45W Meridian: 6
Latitude: 38.420492 Longitude: -102.457285

Flowline Start Point Riser

Latitude: 38.420496 Longitude -102.457435 PDOP: _____ Measurement Date: 07/17/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: Fiberglass Max Outer Diameter:(Inches) 3.000
Bedding Material: Native Materials Date Construction Completed: 12/01/2001
Maximum Anticipated Operating Pressure (PSI): 40 Testing PSI: 100
Test Date: 07/17/2019

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: 1/8/2020

Attachment Check List

Att Doc Num	Name
402176609	Form44 Submitted
402178259	OFF-LOCATION FLOWLINE GEODATABASE GDB
402178299	OFF-LOCATION FLOWLINE GEODATABASE GDB

Total Attach: 3 Files