

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:

10/18/2019

Document Number:

402160074

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 Hakkarinen
Company Name: PDC ENERGY INC Phone: (303) 860 5800
Address: 1775 SHERMAN STREET - STE 3000 Email: Jenifer.Hakkarinen@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: Location Type: Production Facilities
Name: King 31, 32, Number: 42-29
County: WELD
Qtr Qtr: SWNE Section: 29 Township: 7N Range: 65W Meridian: 6
Latitude: 40.547312 Longitude: -104.687022

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.547312 Longitude: -104.687022 PDOP: Measurement Date: 09/15/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 306419 Location Type: Well Site ☐ No Location ID
Name: KING-67N65W Number: 29SWNE
County: WELD
Qtr Qtr: SWNE Section: 29 Township: 7N Range: 65W Meridian: 6
Latitude: 40.547580 Longitude: -104.685440

Flowline Start Point Riser

Latitude: 40.547580 Longitude: -104.685440 PDOP: Measurement Date: 09/15/2009
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: _____ Date Construction Completed: 01/20/2007
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 40.547312 Longitude: -104.687022 PDOP: _____ Measurement Date: 09/15/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 288603 Location Type: _____ Well Site ☐ No Location ID
Name: KING Number: 31-29
County: WELD
Qtr Qtr: NWNE Section: 29 Township: 7N Range: 65W Meridian: 6
Latitude: 40.551670 Longitude: -104.685310

Flowline Start Point Riser

Latitude: 40.551670 Longitude: -104.685310 PDOP: _____ Measurement Date: 09/15/2019
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: _____ Date Construction Completed: 01/20/2007
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 40.547312 Longitude: -104.687022 PDOP: _____ Measurement Date: 06/30/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 288606 Location Type: _____ Well Site ☐ No Location ID
Name: KING Number: 42-29
County: WELD
Qtr Qtr: SENE Section: 29 Township: 7N Range: 65W Meridian: 6
Latitude: 40.547360 Longitude: -104.680560

Flowline Start Point Riser

Latitude: 40.547360 Longitude -104.680560 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: Date Construction Completed: 02/01/2007

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: 10/18/2019 Email: Jenifer.Hakkarinen@pdce.com

Print Name: Jenifer Hakkarinen 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**

402214266	AERIAL PHOTO
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Total Attach: 1 Files