

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:

10/03/2019

Document Number:

402185006

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: 333312 Location Type: Production Facilities
Name: Cozzens Number: 31-9
County: WELD
Qtr Qtr: NWNE Section: 9 Township: 6N Range: 65W Meridian: 6
Latitude: 40.507060 Longitude: -104.666190

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.506408 Longitude: -104.666070 PDOP: Measurement Date: 06/30/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 333281 Location Type: Well Site ☐ No Location ID
Name: Cozzens Number: Multi-Well D
County: WELD
Qtr Qtr: NWNE Section: 9 Township: 6N Range: 65W Meridian: 6
Latitude: 40.505260 Longitude: -104.663780

Flowline Start Point Riser

Latitude: 40.505360 Longitude: -104.663780 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: 01/31/2010
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: 40.506408 Longitude: -104.666070 PDOP: _____ Measurement Date: 06/30/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 333281 Location Type: _____ Well Site ☐ No Location ID
Name: Cozzens Number: Multi-Well D
County: WELD
Qtr Qtr: NWNE Section: 9 Township: 6N Range: 65W Meridian: 6
Latitude: 40.505260 Longitude: -104.663780

Flowline Start Point Riser

Latitude: 40.505500 Longitude: -104.663780 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: 02/09/2010
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: 40.506408 Longitude: -104.666070 PDOP: _____ Measurement Date: 06/30/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 333281 Location Type: _____ Well Site ☐ No Location ID
Name: Cozzens Number: Multi-Well D
County: WELD
Qtr Qtr: NWNE Section: 9 Township: 6N Range: 65W Meridian: 6
Latitude: 40.505260 Longitude: -104.663780

Flowline Start Point Riser

Latitude: 40.505310 Longitude -104.663750 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: 01/26/2010

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: 40.506408 Longitude: -104.666070 PDOP: Measurement Date: 06/30/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302550 Location Type: Well Site ☐ No Location ID

Name: Cozzens Number: 41-9

County: WELD

Qtr Qtr: NENE Section: 9 Township: 6N Range: 65W Meridian: 6

Latitude: 40.506720 Longitude: -104.660750

Flowline Start Point Riser

Latitude: 40.506750 Longitude -104.660750 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: 01/12/2010

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: 40.506408 Longitude: -104.666070 PDOP: Measurement Date: 06/30/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 333281 Location Type: Well Site ☐ No Location ID

Name: Cozzens Number: Multi-Well D

County: WELD

Latitude: 40.505260 Longitude: -104.663780

Flowline Start Point Riser

Latitude: 40.505420 Longitude -104.663750 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
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Bedding Material: Date Construction Completed: 02/05/2010

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: 10/03/2019 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

402198296	AERIAL PHOTO
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Total Attach: 1 Files