

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: 10/01/2019 Document Number: 402176794

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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: Location Type: Well Site Name: Henrey 5-1, 2 Number: Lee 1-5; 2 County: WELD Qtr Qtr: L4 Section: 5 Township: 4N Range: 65W Meridian: 6 Latitude: 40.346998 Longitude: -104.692044

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.346998 Longitude: -104.692044 PDOP: Measurement Date: 06/30/2017 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 246040 Location Type: Well Site [] No Location ID Name: HENRY Number: 5-2 County: WELD Qtr Qtr: SWNW Section: 5 Township: 4N Range: 65W Meridian: 6 Latitude: 40.343669 Longitude: -104.694830

Flowline Start Point Riser

Latitude: 40.343660 Longitude: -104.694830 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: 02/06/1988
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: 40.346998 Longitude: -104.692044 PDOP: _____ Measurement Date: 06/30/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 246341 Location Type: _____ Well Site No Location ID
Name: LEE Number: 2
County: WELD
Qtr Qtr: NENW Section: 5 Township: 4N Range: 65W Meridian: 6
Latitude: 40.346667 Longitude: -104.688611

Flowline Start Point Riser

Latitude: 40.346667 Longitude -104.688611 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: 11/18/1988
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: 40.346998 Longitude: -104.692044 PDOP: _____ Measurement Date: 06/30/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 246340 Location Type: _____ Well Site No Location ID
Name: LEE Number: 1-5
County: WELD
Qtr Qtr: NWNW Section: 5 Township: 4N Range: 65W Meridian: 6
Latitude: 40.346667 Longitude: -104.693333

Flowline Start Point Riser

Latitude: 40.346667 Longitude -104.693333 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: 11/26/1988

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: 10/01/2019 Email: Jenifer.hakarinen@pdce.com

Print Name: Jenifer Hakarinen 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

<u>Att Doc Num</u>	<u>Name</u>
402193913	AERIAL PHOTO

Total Attach: 1 Files