

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: 10/23/2019 Document Number: 402209700

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: 331135 Location Type: Well Site Name: BRINDL-64N67W Number: 13NWSE County: WELD Qtr Qtr: NWSE Section: 13 Township: 4N Range: 67W Meridian: 6 Latitude: 40.309610 Longitude: -104.837560

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: Flowline Type: Peripheral Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.309610 Longitude: -104.837560 PDOP: Measurement Date: 09/15/2019 Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: Location Type: Production Facilities [X] No Location ID Name: Brindl 1/ Number: Bryce 1 County: WELD Qtr Qtr: SWSE Section: 13 Township: 4N Range: 67W Meridian: 6 Latitude: 40.307381 Longitude: -104.838955

Flowline Start Point Riser

Latitude: 40.307381 Longitude: -104.838955 PDOP: Measurement Date: 11/23/2001 Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 2.000
Bedding Material: _____ Date Construction Completed: 10/24/2001
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: 10/23/2019 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
402219471	AERIAL PHOTO

Total Attach: 1 Files