

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:

402208706

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 (CO811) that participates in Colorado's One Call notification system? Yes [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 419191 Location Type: Production Facilities
Name: Kaiser Facility Number: 6-10
County: WELD
Qtr Qtr: NENW Section: 10 Township: 6N Range: 65W Meridian: 6
Latitude: 40.508140 Longitude: -104.651597

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 472650 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.508326 Longitude: -104.651467 PDOP: Measurement Date: 08/22/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 419171 Location Type: Well Site [] No Location ID
Name: Kaiser (multiwell pad) Number: 6-10
County: WELD
Qtr Qtr: SENW Section: 10 Township: 6N Range: 65W Meridian: 6
Latitude: 40.502386 Longitude: -104.651237

Flowline Start Point Riser

Latitude: 40.502389 Longitude: -104.651315 PDOP: Measurement Date: 08/22/2019
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: 12/10/2012
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 472651 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.508326 Longitude: -104.651467 PDOP: _____ Measurement Date: 08/22/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 419171 Location Type: _____ Well Site No Location ID
Name: Kaiser (multiwell pad) Number: 6-10
County: WELD
Qtr Qtr: SEnw Section: 10 Township: 6N Range: 65W Meridian: 6
Latitude: 40.502386 Longitude: -104.651237

Flowline Start Point Riser

Latitude: 40.502385 Longitude -104.651147 PDOP: _____ Measurement Date: 08/22/2019
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: 03/06/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 472652 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.508326 Longitude: -104.651467 PDOP: _____ Measurement Date: 08/22/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 310453 Location Type: _____ Well Site No Location ID
Name: Kaiser Number: 18-10
County: WELD
Qtr Qtr: NENw Section: 10 Township: 6N Range: 65W Meridian: 6
Latitude: 40.506640 Longitude: -104.651590

Flowline Start Point Riser

Latitude: 40.506816 Longitude -104.651605 PDOP: Measurement Date: 08/22/2019

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: 12/21/2011
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 472653 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.508326 Longitude: -104.651467 PDOP: Measurement Date: 08/22/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 310453 Location Type: Well Site No Location ID
Name: Kaiser Number: 18-10
County: WELD
Qtr Qtr: NENW Section: 10 Township: 6N Range: 65W Meridian: 6
Latitude: 40.506640 Longitude: -104.651590

Flowline Start Point Riser

Latitude: 40.506775 Longitude -104.651601 PDOP: Measurement Date: 08/22/2019
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: 12/16/2011
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 472654 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.508326 Longitude: -104.651467 PDOP: Measurement Date: 08/22/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 419171 Location Type: Well Site No Location ID
Name: Kaiser (multiwell pad) Number: 6-10
County: WELD

Qtr Qtr: SENW Section: 10 Township: 6N Range: 65W Meridian: 6
Latitude: 40.502386 Longitude: -104.651237

Flowline Start Point Riser

Latitude: 40.502386 Longitude -104.651373 PDOP: _____ Measurement Date: 08/22/2019
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: 12/13/2012
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 472655 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.508326 Longitude: -104.651467 PDOP: _____ Measurement Date: 08/22/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 310453 Location Type: _____ Well Site No Location ID
Name: Kaiser Number: 18-10
County: WELD
Qtr Qtr: NENW Section: 10 Township: 6N Range: 65W Meridian: 6
Latitude: 40.506640 Longitude: -104.651590

Flowline Start Point Riser

Latitude: 40.506857 Longitude -104.651608 PDOP: _____ Measurement Date: 08/22/2019
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: 12/04/2012
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 472656 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.508326 Longitude: -104.651467 PDOP: _____ Measurement Date: 08/22/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 419171 Location Type: Well Site No Location ID

Name: Kaiser (multiwell pad) Number: 6-10

County: WELD

Qtr Qtr: SENW Section: 10 Township: 6N Range: 65W Meridian: 6

Latitude: 40.502386 Longitude: -104.651237

Flowline Start Point Riser

Latitude: 40.502384 Longitude -104.651237 PDOP: _____ Measurement Date: 08/22/2019

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000

Bedding Material: _____ Date Construction Completed: 03/01/2011

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: 3/2/2020

Attachment Check List

Att Doc Num	Name
402208706	Form44 Submitted
402219108	AERIAL PHOTO

Total Attach: 2 Files