

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

10/23/2019

Document Number:

402196961

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 ☒ No ☐

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 467698 Location Type: Production Facilities
Name: NYC N-65N67W Number: 24SESE
County: WELD
Qtr Qtr: SWSE Section: 24 Township: 5N Range: 67W Meridian: 6
Latitude: 40.378098 Longitude: -104.839404

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 472680 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.378036 Longitude: -104.839163 PDOP: Measurement Date: 08/22/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330932 Location Type: Well Site ☐ No Location ID
Name: BOOTH-65N67W Number: 25SWNE
County: WELD
Qtr Qtr: SWNE Section: 25 Township: 5N Range: 67W Meridian: 6
Latitude: 40.372824 Longitude: -104.838463

Flowline Start Point Riser

Latitude: 40.372970 Longitude: -104.838420 PDOP: Measurement Date: 03/03/2000
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: 02/02/2000
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**

402196961	Form44 Submitted
402219115	AERIAL PHOTO

Total Attach: 2 Files