

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: 10/15/2019 Document Number: 402194023

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) 8605800 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: Production Facilities Name: Anderson Number: 13, 23-34; 34B County: WELD Qtr Qtr: SWSW Section: 34 Township: 7N Range: 66W Meridian: 6 Latitude: 40.527440 Longitude: -104.771158

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.527440 Longitude: -104.771158 PDOP: Measurement Date: 08/22/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305887 Location Type: Well Site [] No Location ID Name: ANDERSON-67N66W Number: 34NESW County: WELD Qtr Qtr: NESW Section: 34 Township: 7N Range: 66W Meridian: 6 Latitude: 40.529080 Longitude: -104.766780

Flowline Start Point Riser

Latitude: 40.529080 Longitude: -104.766780 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: 03/15/2006
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: 40.527440 Longitude: -104.771158 PDOP: _____ Measurement Date: 08/22/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305911 Location Type: _____ Well Site No Location ID
Name: ANDERSON-67N66W Number: 34NWSW
County: WELD
Qtr Qtr: NWSW Section: 34 Township: 7N Range: 66W Meridian: 6
Latitude: 40.529000 Longitude: -104.771580

Flowline Start Point Riser

Latitude: 40.529000 Longitude -104.771580 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: 03/30/2006
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: 40.527440 Longitude: -104.771158 PDOP: _____ Measurement Date: 08/22/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 309889 Location Type: _____ Well Site No Location ID
Name: ANDERSON-67N66W Number: 34SESW
County: WELD
Qtr Qtr: SESW Section: 34 Township: 7N Range: 66W Meridian: 6
Latitude: 40.527640 Longitude: -104.769220

Flowline Start Point Riser

Latitude: 40.527640 Longitude -104.769220 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: 03/19/2008

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: 10/15/2019 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
402210402	AERIAL PHOTO

Total Attach: 1 Files