

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

10/02/2019

Document Number:

402195856

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: 10110 Contact Person: Renee Kendrick
Company Name: GREAT WESTERN OPERATING COMPANY LLC Phone: (720) 595-2114
Address: 1001 17TH STREET #2000 Email: rkendrick@gwogco.com
City: DENVER State: CO Zip: 80202
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 ☒ No ☐

OFF LOCATION FLOWLINE**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 317506 Location Type: Production Facilities
Name: UPRR-68N66W Number: 31NESW
County: WELD
Qtr Qtr: NESW Section: 31 Township: 8N Range: 66W Meridian: 6
Latitude: 40.616171 Longitude: -104.824505

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466493 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.616101 Longitude: -104.824284 PDOP: Measurement Date: 06/07/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317504 Location Type: Well Site ☐ No Location ID
Name: COLORADO STATE-68N67W Number: 36SESE
County: WELD
Qtr Qtr: SESE Section: 36 Township: 8N Range: 67W Meridian: 6
Latitude: 40.612390 Longitude: -104.835040

Flowline Start Point Riser

Latitude: 40.612404 Longitude: -104.834939 PDOP: Measurement Date: 06/07/2017
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 04/29/1955
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466491 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.615655 Longitude: -104.824571 PDOP: _____ Measurement Date: 06/07/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317506 Location Type: _____ Well Site ☐ No Location ID

Name: UPRR-68N66W Number: 31NESW

County: WELD

Qtr Qtr: NESW Section: 31 Township: 8N Range: 66W Meridian: 6

Latitude: 40.616171 Longitude: -104.824505

Flowline Start Point Riser

Latitude: 40.616231 Longitude: -104.822819 PDOP: _____ Measurement Date: 06/07/2017

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 01/02/1954
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466489 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.616102 Longitude: -104.824278 PDOP: _____ Measurement Date: 06/07/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317505 Location Type: Well Site ☐ No Location ID
Name: COLORADO STATE-68N67W Number: 36NESE
County: WELD
Qtr Qtr: NESE Section: 36 Township: 8N Range: 67W Meridian: 6
Latitude: 40.616050 Longitude: -104.833870

Flowline Start Point Riser

Latitude: 40.616095 Longitude: -104.834035 PDOP: Measurement Date: 06/07/2017
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Pipe Material: Max Outer Diameter:(Inches)
Bedding Material: Date Construction Completed: 02/20/1954
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

OFF LOCATION FLOWLINE ABANDONMENT

Date: 09/27/2019

Description of Abandonment

Flowline was flushed with 30 bbls fresh water. Line was verified free of hydro carbons with LEL monitor and abandoned in place.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466492 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.616104 Longitude: -104.824269 PDOP: Measurement Date: 06/07/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317508 Location Type: Well Site ☐ No Location ID
Name: UPRR-68N66W Number: 31NWNW
County: WELD
Qtr Qtr: NWNW Section: 31 Township: 8N Range: 66W Meridian: 6
Latitude: 40.623460 Longitude: -104.829100

Flowline Start Point Riser

Latitude: 40.623460 Longitude: -104.829142 PDOP: Measurement Date: 06/07/2017
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Pipe Material: Max Outer Diameter:(Inches)
Bedding Material: Date Construction Completed: 09/24/1956

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 09/27/2019

Description of Abandonment

Flowline was flushed with 30 bbls fresh water. Line was verified free of hydro carbons with LEL monitor and abandoned in place.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466488 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.615629 Longitude: -104.824612 PDOP: _____ Measurement Date: 06/07/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317507 Location Type: _____ Well Site ☐ No Location ID

Name: UPRR-68N66W Number: 31SWNW

County: WELD

Qtr Qtr: SWNW Section: 31 Township: 8N Range: 66W Meridian: 6

Latitude: 40.619810 Longitude: -104.829100

Flowline Start Point Riser

Latitude: 40.619801 Longitude: -104.829171 PDOP: _____ Measurement Date: 06/07/2017

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____

Bedding Material: _____ Date Construction Completed: 01/25/1988

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466490 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.615642 Longitude: -104.824568 PDOP: _____ Measurement Date: 06/07/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317502 Location Type: Well Site ☐ No Location ID

Name: BAIAMONTE-67N66W Number: 6NENW

County: WELD

Qtr Qtr: NENW Section: 6 Township: 7N Range: 66W Meridian: 6

Latitude: 40.608920 Longitude: -104.824540

Flowline Start Point Riser

Latitude: 40.608912 Longitude: -104.824558 PDOP: Measurement Date: 06/07/2017

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Pipe Material: Max Outer Diameter:(Inches)

Bedding Material: Date Construction Completed: 03/01/1985

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date:

Description of Removal from Service

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: 10/02/2019 Email: rkendrick@gwogco.com

Print Name: Renee Kendrick Title: Sr Regulatory Analyst

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**

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Total Attach: 0 Files