

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: 12/19/2019 Document Number: 402268230

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@gwp.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 [X] No [ ]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 320310 Location Type: Production Facilities Name: GREEN-61S68W Number: 14SWNE County: ADAMS Qtr Qtr: SWNE Section: 14 Township: 1S Range: 68W Meridian: 6 Latitude: 39.966425 Longitude: -104.966769

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465790 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.966592 Longitude: -104.966889 PDOP: Measurement Date: 06/07/2017 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320311 Location Type: Well Site [ ] No Location ID Name: N. COLORADO BLVD-61S68W Number: 13SESW County: ADAMS Qtr Qtr: SESW Section: 13 Township: 1S Range: 68W Meridian: 6 Latitude: 39.960789 Longitude: -104.952403

Flowline Start Point Riser

Latitude: 39.960789 Longitude: -104.952403 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: 04/30/1993  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 12/05/2019

**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.

**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: 12/19/2019 Email: rkendrick@gwp.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**

Att Doc Num	Name

Total Attach: 0 Files