

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:

05/28/2020

Document Number:

402223786

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 (CO811) that participates in Colorado's One Call notification system? Yes ☒ No ☐

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 464902 Location Type: Production Facilities
Name: Hicks P S7 SESE Number: 3N67W
County: WELD
Qtr Qtr: SESE Section: 7 Township: 3N Range: 67W Meridian: 6
Latitude: 40.236170 Longitude: -104.926258

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465326 Flowline Type: Wellhead Line Action Type: Abandonment Verification

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.236236 Longitude: -104.926410 PDOP: Measurement Date: 03/11/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305138 Location Type: Well Site ☐ No Location ID
Name: HICKS P-63N67W Number: 7NWSE
County: WELD
Qtr Qtr: NWSE Section: 7 Township: 3N Range: 67W Meridian: 6
Latitude: 40.237760 Longitude: -104.928214

Flowline Start Point Riser

Latitude: 40.237764 Longitude: -104.928217 PDOP: Measurement Date: 03/24/2019
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: 12/09/2004
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 10/23/2019

Description of Removal from Service

Flowline was flushed with 25bbbls fresh water prior to removing. Line was verified free of hydro carbons with LEL monitor. Line was dug up and 100% removed.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465327 Flowline Type: Wellhead Line Action Type: Abandonment Verification

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

Latitude: 40.236219 Longitude: -104.926406 PDOP: _____ Measurement Date: 07/14/2016
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 329687 Location Type: Well Site ☐ No Location ID

Name: HICKS-63N67W Number: 7SESE

County: WELD

Qtr Qtr: SESE Section: 7 Township: 3N Range: 67W Meridian: 6

Latitude: 40.235045 Longitude: -104.925715

Flowline Start Point Riser

Latitude: 40.235611 Longitude: -104.924953 PDOP: _____ Measurement Date: 07/09/2016
:

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: 01/22/1994
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 10/23/2019

Description of Removal from Service

Flowline was flushed with 25bbbls fresh water prior to removing. Line was verified free of hydro carbons with LEL monitor. Line was dug up and 100% removed.

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: 05/28/2020 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: 5/28/2020

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402223786	Form44 Submitted

Total Attach: 1 Files