

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: 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 [X] 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**

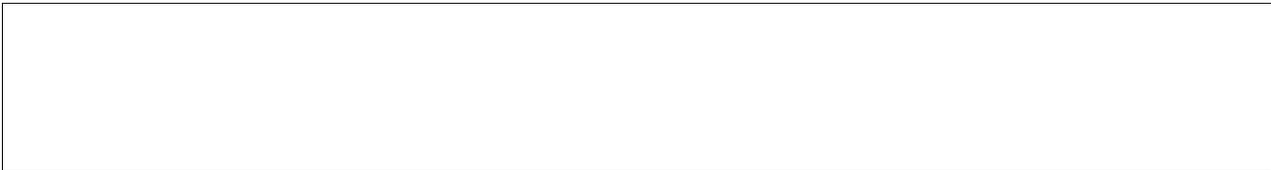
Date: 10/23/2019

**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