

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: 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 (CO811) 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 Verification

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 REMOVAL FROM SERVICE

Date: 12/05/2019

Description of Removal from Service

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

[Empty text box for operator 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@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: 5/28/2020

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|------------------|
| 402268230 | Form44 Submitted |

Total Attach: 1 Files