

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

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## 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 ☒ No ☐

**OFF LOCATION FLOWLINE****FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 320314 Location Type: Production Facilities  
Name: N COLORADO 44-13-61S68W Number: 13SESE  
County: ADAMS  
Qtr Qtr: SESE Section: 13 Township: 1S Range: 68W Meridian: 6  
Latitude: 39.960103 Longitude: -104.944481

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 470512 Flowline Type: Wellhead Line Action Type: Abandonment Verification

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

Latitude: 39.960439 Longitude: -104.941896 PDOP: Measurement Date: 06/05/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 320314 Location Type: Well Site ☐ No Location ID  
Name: N COLORADO 44-13-61S68W Number: 13SESE  
County: ADAMS  
Qtr Qtr: SESE Section: 13 Township: 1S Range: 68W Meridian: 6  
Latitude: 39.960103 Longitude: -104.944481

**Flowline Start Point Riser**

Latitude: 39.960072 Longitude: -104.944476 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: 04/01/1993  
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 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@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**

**Att Doc Num**

**Name**

402278328

Form44 Submitted

Total Attach: 1 Files