

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: 06/02/2020 Document Number: 402366551

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, provide pre-abandonment notices, or report abandonment of Off-Location Flowlines, Flowline Systems, Produced Water Transfer Systems, or Crude Oil Transfer Lines or Systems as required by the 1100 Series Rules. The Form 44 shall also be submitted to register, report realignment, or report abandonment of Domestic Taps, and to report Grade 1 Gas Leaks from Flowlines per Rules 610

Operator Information

OGCC Operator Number: 69175 Contact Person: Christi Ng Company Name: PDC ENERGY INC Phone: (303) 860.5800 Address: 1775 SHERMAN STREET - STE 3000 Email: christi.ng@pdce.com City: DENVER State: CO Zip: 80203 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: 450484 Location Type: Production Facilities Name: GEMINI K 1-9, 10 BATTERY Number: County: WELD Qtr Qtr: NESE Section: 1 Township: 4N Range: 66W Meridian: 6 Latitude: 40.339505 Longitude: -104.715698

Description of Corrosion Protection Description of Integrity Management Program Description of the construction method used for public by-ways, road crossings, sensitive wildlife habitats, sensitive areas, and natural and manmade watercourses (i.e., open trench, bored and cased, or bored only), if applicable.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 471520 Flowline Type: Wellhead Line Action Type: Abandonment Verification

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 326924 Location Type: Well Site [] Name: GEMINI K-64N66W Number: 1NWSE County: WELD No Location ID NWSE 1 4N 66W 6

Qtr Qtr: Section: Township: Range: Meridian:

Latitude: 40.339040 Longitude: -104.722930

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: 02/21/1988

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

OFF LOCATION FLOWLINE Abandonment Verification

Date: 09/25/2019

Abandonment Verification

The abandoned Off-Location Flowline was located within the jurisdiction(s) of the following local government(s).

(No Jurisdiction)

Description of Abandonment Verification:

Flowline flow-filled and abandoned in place.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 471519 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 413324 Location Type: Well Site

Name: GEMINI K Number: 01-99HZ

County: WELD No Location ID

Qtr Qtr: SESE Section: 1 Township: 4N Range: 66W Meridian: 6

Latitude: 40.337300 Longitude: -104.716300

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: 09/07/2010

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date:

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 471521 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 413324 Location Type: Well Site
Name: GEMINI K Number: 01-99HZ
County: WELD No Location ID
Qtr Qtr: SESE Section: 1 Township: 4N Range: 66W Meridian: 6
Latitude: 40.337300 Longitude: -104.716300

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: 12/02/2009
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 471518 Flowline Type: Wellhead Line Action Type: Abandonment Verification

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 326930 Location Type: Well Site
Name: GEMINI-64N66W Number: 1NESE
County: WELD No Location ID
Qtr Qtr: NESE Section: 1 Township: 4N Range: 66W Meridian: 6
Latitude: 40.339330 Longitude: -104.718050

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: 03/06/1988
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE Abandonment Verification

Date: 10/24/2019

Abandonment Verification

The abandoned Off-Location Flowline was located within the jurisdiction(s) of the following local government(s).

(No Jurisdiction)

Description of Abandonment Verification:

Flowline flow-filled 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: 06/02/2020 Email: christi.ng@pdce.com

Print Name: Christi Ng Title: Sr. Reg Tech

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: 6/2/2020

Attachment Check List

Att Doc Num	Name
402366551	Form44 Submitted

Total Attach: 1 Files