

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:

06/02/2020

Document Number:

402370675

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 ☒ No ☐

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 470525 Location Type: Production Facilities
Name: WEISS-64N67W Number: 34SENW
County: WELD
Qtr Qtr: SENW Section: 34 Township: 4N Range: 67W Meridian: 6
Latitude: 40.272609 Longitude: -104.881240

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: 470532 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: 319221 Location Type: Well Site ☐
Name: WEISS-64N67W Number: 34SWNW
County: WELD No Location ID
SWNW 34 4N 67W 6

Qtr Qtr: Section: Township: Range: Meridian:

Latitude: 40.271218 Longitude: -104.883739

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: 10/22/1982

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

OFF LOCATION FLOWLINE Abandonment Verification

Date: 10/17/2019

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: 470533 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319220 Location Type: Well Site

Name: WEISS-64N67W Number: 34NENW

County: WELD No Location ID

Qtr Qtr: NENW Section: 34 Township: 4N Range: 67W Meridian: 6

Latitude: 40.274548 Longitude: -104.878363

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: 11/05/1982

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 INFORMATIONFlowline Facility ID: 470534 Flowline Type: Wellhead Line Action Type: **OFF LOCATION FLOWLINE REGISTRATION**Equipment at End Point Riser: Separator**Flowline Start Point Location Identification**

Location ID: 329884 Location Type: Well Site ☐
Name: WEISS-64N67W Number: 34SENW
County: WELD No Location ID
Qtr Qtr: SENW Section: 34 Township: 4N Range: 67W Meridian: 6
Latitude: 40.270874 Longitude: -104.879491

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: 02/28/1994
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

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

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

FLOWLINE FACILITY INFORMATIONFlowline Facility ID: 470535 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: 329914 Location Type: Well Site ☐
Name: WEISS-64N67W Number: 34NWNW
County: WELD No Location ID
Qtr Qtr: NWNW Section: 34 Township: 4N Range: 67W Meridian: 6
Latitude: 40.274244 Longitude: -104.884408

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: 02/26/1994
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

OFF LOCATION FLOWLINE Abandonment Verification

Date: 10/17/2019

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 flowfilled and abandoned in place.

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: 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**

402370675

Form44 Submitted

Total Attach: 1 Files