

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:

08/28/2019

Document Number:

402160215

## 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 (UNCC) that participates in Colorado's One Call notification system? Yes ☒ No ☐

## OFF LOCATION FLOWLINE

## FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 417139 Location Type: Production Facilities  
Name: HCW TANK BATTERY Number: \_\_\_\_\_  
County: WELD  
Qtr Qtr: NENW Section: 25 Township: 6N Range: 67W Meridian: 6  
Latitude: 40.464910 Longitude: -104.842150

## FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466865 Flowline Type: Wellhead Line Action Type: \_\_\_\_\_

## OFF LOCATION FLOWLINE REGISTRATION

## Flowline End Point Riser

Latitude: 40.465192 Longitude: -104.842064 PDOP: \_\_\_\_\_ Measurement Date: 06/07/2017  
Equipment at End Point Riser: Separator

## Flowline Start Point Location Identification

Location ID: 416873 Location Type: Well Site ☐ No Location ID  
Name: HCW Number: 24-53  
County: WELD  
Qtr Qtr: NWSW Section: 24 Township: 6N Range: 67W Meridian: 6  
Latitude: 40.468870 Longitude: -104.846720

## Flowline Start Point Riser

Latitude: 40.468963 Longitude: -104.846724 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: 01/09/2011  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE REMOVAL FROM SERVICE**

Date: \_\_\_\_\_

**Description of Removal from Service****FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 465753 Flowline Type: Wellhead Line Action Type: \_\_\_\_\_

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

Latitude: 40.465190 Longitude: -104.842258 PDOP: \_\_\_\_\_ Measurement Date: 06/08/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 416870 Location Type: \_\_\_\_\_ Well Site ☐ No Location ID

Name: HCW Number: 24-14

County: WELD

Qtr Qtr: SWSW Section: 24 Township: 6N Range: 67W Meridian: 6

Latitude: 40.467150 Longitude: -104.849010

**Flowline Start Point Riser**

Latitude: 40.467210 Longitude: -104.849161 PDOP: \_\_\_\_\_ Measurement Date: 06/08/2017  
:

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: 01/23/2011  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE REMOVAL FROM SERVICE**

Date: \_\_\_\_\_

**Description of Removal from Service****FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 465752 Flowline Type: Wellhead Line Action Type: \_\_\_\_\_

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

Latitude: 40.465182 Longitude: -104.842210 PDOP: \_\_\_\_\_ Measurement Date: 06/08/2017

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 416870 Location Type: Well Site ☐ No Location ID  
Name: HCW Number: 24-14  
County: WELD  
Qtr Qtr: SWSW Section: 24 Township: 6N Range: 67W Meridian: 6  
Latitude: 40.467150 Longitude: -104.849010

**Flowline Start Point Riser**

Latitude: 40.467166 Longitude: -104.849097 PDOP: Measurement Date: 06/08/2017  
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: 01/30/2011  
Maximum Anticipated Operating Pressure (PSI): Testing PSI:  
Test Date:

**OFF LOCATION FLOWLINE REMOVAL FROM SERVICE**

Date:

**Description of Removal from Service**

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 466866 Flowline Type: Wellhead Line Action Type:

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.465197 Longitude: -104.842157 PDOP: Measurement Date: 06/07/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 416867 Location Type: Well Site ☐ No Location ID  
Name: HCW Number: 24-24  
County: WELD  
Qtr Qtr: SESW Section: 24 Township: 6N Range: 67W Meridian: 6  
Latitude: 40.467090 Longitude: -104.844310

**Flowline Start Point Riser**

Latitude: 40.467086 Longitude: -104.844331 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: 12/18/2010  
Maximum Anticipated Operating Pressure (PSI):

Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE REMOVAL FROM SERVICE**

Date: \_\_\_\_\_

**Description of Removal from Service****FLOWLINE FACILITY INFORMATION**Flowline Facility ID: \_\_\_\_\_ Flowline Type: Wellhead Line Action Type: Registration**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**Latitude: 40.465185 Longitude: -104.842162 PDOP: \_\_\_\_\_ Measurement Date: 06/07/2017Equipment at End Point Riser: Separator**Flowline Start Point Location Identification**Location ID: 416870 Location Type: \_\_\_\_\_ Well Site ☐ No Location IDName: HCW Number: 24-14County: WELDQtr Qtr: SWSW Section: 24 Township: 6N Range: 67W Meridian: 6Latitude: 40.467150 Longitude: -104.849010**Flowline Start Point Riser**Latitude: 40.465186 Longitude: -104.842166 PDOP: \_\_\_\_\_ Measurement Date: 06/07/2017Equipment at Start Point Riser: Well**Flowline Description and Testing**

Type of Fluid Transferred: \_\_\_\_\_ Pipe Material: \_\_\_\_\_ Max Outer Diameter:(Inches) \_\_\_\_\_

Bedding Material: \_\_\_\_\_ Date Construction Completed: 02/05/2011

Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_

Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**Flowline Facility ID: 466867 Flowline Type: Wellhead Line Action Type: \_\_\_\_\_**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**Latitude: 40.465181 Longitude: -104.842067 PDOP: \_\_\_\_\_ Measurement Date: 06/07/2017Equipment at End Point Riser: Separator**Flowline Start Point Location Identification**Location ID: 416873 Location Type: \_\_\_\_\_ Well Site ☐ No Location IDName: HCW Number: 24-53County: WELDQtr Qtr: NWSW Section: 24 Township: 6N Range: 67W Meridian: 6Latitude: 40.468870 Longitude: -104.846720

**Flowline Start Point Riser**

Latitude: 40.469027 Longitude -104.846721 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: 01/02/2011

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

**OFF LOCATION FLOWLINE REMOVAL FROM SERVICE**

Date:

**Description of Removal from Service****FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 466864 Flowline Type: Wellhead Line Action Type:

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

Latitude: 40.465189 Longitude: -104.842112 PDOP: Measurement Date: 06/07/2017

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**Location ID: 416873 Location Type: Well Site ☐ No Location ID

Name: HCW Number: 24-53

County: WELD

Qtr Qtr: NWSW Section: 24 Township: 6N Range: 67W Meridian: 6

Latitude: 40.468870 Longitude: -104.846720

**Flowline Start Point Riser**

Latitude: 40.468909 Longitude: -104.846729 PDOP: Measurement Date: 06/09/2017

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: 01/15/2011

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

**OFF LOCATION FLOWLINE REMOVAL FROM SERVICE**

Date:

**Description of Removal from Service**

**FLOWLINE FACILITY INFORMATION**Flowline Facility ID: 466900 Flowline Type: Wellhead Line Action Type: \_\_\_\_\_**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**Latitude: 40.465078 Longitude: -104.841871 PDOP: \_\_\_\_\_ Measurement Date: 06/07/2017  
Equipment at End Point Riser: Separator**Flowline Start Point Location Identification**Location ID: 306460 Location Type: \_\_\_\_\_ Well Site ☐ No Location ID  
Name: DETTERRER-66N67W Number: 24NWSE  
County: WELD  
Qtr Qtr: NWSE Section: 24 Township: 6N Range: 67W Meridian: 6  
Latitude: 40.470940 Longitude: -104.840140**Flowline Start Point Riser**Latitude: 40.470635 Longitude: -104.840194 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: 05/15/2007  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_**OFF LOCATION FLOWLINE REMOVAL FROM SERVICE**

Date: \_\_\_\_\_

**Description of Removal from Service****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: 08/28/2019 Email: rkendrick@gwogco.comPrint 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: \_\_\_\_\_

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files