

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:
04/23/2020
Document Number:
402179526

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: 95620 Contact Person: Steve James
Company Name: WESTERN OPERATING COMPANY Phone: (303) 8932438
Address: 1165 DELAWARE STREET #200 Email: steve@westernoperating.com
City: DENVER State: CO Zip: 80204
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: 317040 Location Type: Production Facilities
Name: G O YEAMANS-62N52W Number: 15SENW
County: WASHINGTON
Qtr Qtr: SENW Section: 15 Township: 2N Range: 52W Meridian: 6
Latitude: 40.141810 Longitude: -103.184220

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 477248 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.143210 Longitude: -103.184658 PDOP: _____ Measurement Date: 09/06/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317040 Location Type: Well Site No Location ID
Name: G O YEAMANS-62N52W Number: 15SENW
County: WASHINGTON
Qtr Qtr: SENW Section: 15 Township: 2N Range: 52W Meridian: 6
Latitude: 40.141810 Longitude: -103.184220

Flowline Start Point Riser

Latitude: 40.141819 Longitude: -103.184156 PDOP: _____ Measurement Date: 09/06/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000

Bedding Material: Native Materials Date Construction Completed: 03/27/1957

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

| |
|-----------------|
| Fixed GDB issue |
|-----------------|

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 04/23/2020 Email: marta@westernoperating.com

Print Name: Marta Reid Title: Agent

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: 7/16/2020

Conditions of Approval

COA Type

Description

| | |
|--|--|
| | |
|--|--|

Attachment Check List

Att Doc Num

Name

| | |
|-----------|---------------------------------------|
| 402179526 | Form44 Submitted |
| 402378814 | OFF-LOCATION FLOWLINE GEODATABASE SHP |

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

| | | Stamp Upon Approval |
|--|--|------------------------|

Total: 0 comment(s)

