

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: 07/17/2019 Document Number: 402109561

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 (CO811) that participates in Colorado's One Call notification system? Yes [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 320114 Location Type: Production Facilities Name: GREAT WESTERN KALCEVIC FARMS Number: 41-3 County: ADAMS Qtr Qtr: NENE Section: 3 Township: 2S Range: 63W Meridian: 6 Latitude: 39.910272 Longitude: -104.416316

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470426 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.909861 Longitude: -104.414416 PDOP: Measurement Date: 06/07/2017 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320114 Location Type: Well Site [] No Location ID Name: GREAT WESTERN KALCEVIC FARMS Number: 41-3 County: ADAMS Qtr Qtr: NENE Section: 3 Township: 2S Range: 63W Meridian: 6 Latitude: 39.910272 Longitude: -104.416316

Flowline Start Point Riser

Latitude: 39.910334 Longitude: -104.416406 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: 04/17/1982
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

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: 07/17/2019 Email: rkendrick@gwogco.com

Print Name: Renee Kendrick Title: Senior 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: 1/2/2020

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402109561	Form 44 Approved-O
402275856	Form44 Submitted

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)

