

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION
Receive Date:
10/02/2019
Document Number:
402184784

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: 69175 Contact Person: Jenifer Hakkarinen
Company Name: PDC ENERGY INC Phone: (303) 860 5800
Address: 1775 SHERMAN STREET - STE 3000 Email: Jenifer.Hakkarinen@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: 419210 Location Type: Production Facilities
Name: Ahnstedt Number: 15-4
County: WELD
Qtr Qtr: SWSE Section: 4 Township: 6N Range: 65W Meridian: 6
Latitude: 40.510963 Longitude: -104.666634

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 477535 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.510644 Longitude: -104.668040 PDOP: Measurement Date: 06/30/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 419227 Location Type: Well Site No Location ID
Name: Ahnstedt Number: 10-4
County: WELD
Qtr Qtr: NWSE Section: 4 Township: 6N Range: 65W Meridian: 6
Latitude: 40.514646 Longitude: -104.665575

Flowline Start Point Riser

Latitude: 40.514651 Longitude: -104.665594 PDOP: Measurement Date: 06/30/2017
Equipment at Start Point Riser: Well

Flowline Description and Testing

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

Bedding Material: _____ Date Construction Completed: 12/14/2010

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: 10/02/2019 Email: Jenifer.Hakkarinen@pdce.com

Print Name: Jenifer Hakkarinen Title: 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: 8/7/2020

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402184784	Form44 Submitted
402196973	AERIAL PHOTO

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval

Total: 0 comment(s)

