

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:

09/04/2020

Document Number:

402208077

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: 95520 Contact Person: Dave Weinert  
Company Name: WESCO OPERATING INC Phone: (307) 577-5329  
Address: 120 S DURBIN STREET Email: davew@kirkwoodcompanies.com  
City: CASPER State: WY Zip: 82602  
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: 435765 Location Type: Production Facilities  
Name: Trelevan Tank Battery-LOCATION Number:  
County: MOFFAT  
Qtr Qtr: SW Section: 32 Township: 5n Range: 95w Meridian: 6  
Latitude: 40.336982 Longitude: -108.091313

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 477822 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.337124 Longitude: -108.091384 PDOP: Measurement Date: 10/14/2019  
Equipment at End Point Riser: Tank

Flowline Start Point Location Identification

Location ID: 312768 Location Type: Production Facilities  No Location ID  
Name: TRELEAVEN-GOVERNMENT-65N95W Number: 31NWNE  
County: MOFFAT  
Qtr Qtr: NWNE Section: 31 Township: 5N Range: 95W Meridian: 6  
Latitude: 40.344937 Longitude: -108.101665

Flowline Start Point Riser

Latitude: 40.344950 Longitude: -108.101780 PDOP: Measurement Date: 10/14/2019  
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Produced Water Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000  
 Bedding Material: Native Materials Date Construction Completed: 01/03/1990  
 Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
 Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 477823 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.336794 Longitude: -108.091676 PDOP: \_\_\_\_\_ Measurement Date: 10/16/2019  
 Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 312769 Location Type: Well Site  No Location ID  
 Name: GOV'T-TRELEAVEN-65N95W Number: 31NENE  
 County: MOFFAT  
 Qtr Qtr: NENE Section: 31 Township: 5N Range: 95W Meridian: 6  
 Latitude: 40.346767 Longitude: -108.096504

**Flowline Start Point Riser**

Latitude: 40.346810 Longitude: -108.096650 PDOP: \_\_\_\_\_ Measurement Date: 10/16/2019  
 Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Multiphase Pipe Material: HDPE Max Outer Diameter:(Inches) 3.000  
 Bedding Material: Native Materials Date Construction Completed: 01/01/2000  
 Maximum Anticipated Operating Pressure (PSI): 100 Testing PSI: 200  
 Test Date: 10/16/2019

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 477824 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.336794 Longitude: -108.091676 PDOP: \_\_\_\_\_ Measurement Date: 10/16/2019  
 Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 312767 Location Type: Well Site  No Location ID  
 Name: GOVERNMENT TRELEAVEN-65N95W Number: 31SENE  
 County: MOFFAT  
 Qtr Qtr: SENE Section: 31 Township: 5N Range: 95W Meridian: 6  
 Latitude: 40.343277 Longitude: -108.097604

**Flowline Start Point Riser**

Latitude: 40.343330 Longitude -108.097650 PDOP: \_\_\_\_\_ Measurement Date: 10/16/2019

Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Multiphase Pipe Material: HDPE Max Outer Diameter:(Inches) 3.000

Bedding Material: Native Materials Date Construction Completed: 01/01/2000

Maximum Anticipated Operating Pressure (PSI): 130 Testing PSI: 320

Test Date: 10/16/2019

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 477825 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.336794 Longitude: -108.091676 PDOP: \_\_\_\_\_ Measurement Date: 10/16/2019

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 312991 Location Type: \_\_\_\_\_ Well Site \_\_\_\_\_  No Location ID

Name: GOV'T TRELEAVEN-65N95W Number: 31NENE

County: MOFFAT

Qtr Qtr: NENE Section: 31 Township: 5N Range: 95W Meridian: 6

Latitude: 40.344607 Longitude: -108.096754

**Flowline Start Point Riser**

Latitude: 40.344670 Longitude -108.096800 PDOP: \_\_\_\_\_ Measurement Date: 10/16/2019

Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Multiphase Pipe Material: HDPE Max Outer Diameter:(Inches) 3.000

Bedding Material: Native Materials Date Construction Completed: 01/01/2000

Maximum Anticipated Operating Pressure (PSI): 110 Testing PSI: 320

Test Date: 10/16/2019

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 477826 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.336794 Longitude: -108.091676 PDOP: \_\_\_\_\_ Measurement Date: 10/17/2019

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 312890 Location Type: \_\_\_\_\_ Well Site \_\_\_\_\_  No Location ID

Name: GOV'T-TRELEAVEN-65N95W Number: 32SWNW

County: MOFFAT

Qtr Qtr: SWNW Section: 32 Township: 5N Range: 95W Meridian: 6  
Latitude: 40.340947 Longitude: -108.095544

**Flowline Start Point Riser**

Latitude: 40.340990 Longitude -108.095460 PDOP: \_\_\_\_\_ Measurement Date: 10/17/2019  
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Multiphase Pipe Material: HDPE Max Outer Diameter:(Inches) 3.000  
Bedding Material: Native Materials Date Construction Completed: 01/01/2000  
Maximum Anticipated Operating Pressure (PSI): 80 Testing PSI: 200  
Test Date: 10/17/2019

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 477827 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.337124 Longitude: -108.091384 PDOP: \_\_\_\_\_ Measurement Date: 10/14/2019  
Equipment at End Point Riser: Tank

**Flowline Start Point Location Identification**

Location ID: 312850 Location Type: Production Facilities  No Location ID  
Name: TRELEAVEN-GOV-65N95W Number: 29SWSW  
County: MOFFAT  
Qtr Qtr: SWSW Section: 29 Township: 5N Range: 95W Meridian: 6  
Latitude: 40.350117 Longitude: -108.092584

**Flowline Start Point Riser**

Latitude: 40.350060 Longitude -108.092900 PDOP: \_\_\_\_\_ Measurement Date: 10/14/2019  
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Produced Water Pipe Material: Fiberspar Max Outer Diameter:(Inches) 2.000  
Bedding Material: Native Materials Date Construction Completed: 06/01/2011  
Maximum Anticipated Operating Pressure (PSI): 1300 Testing PSI: 1500  
Test Date: 10/28/2019

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 477828 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.336794 Longitude: -108.091676 PDOP: \_\_\_\_\_ Measurement Date: 10/16/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 312766 Location Type: Well Site  No Location ID

Name: TRELEAVEN-GOVERNMENT-65N95W Number: 32NESW

County: MOFFAT

Qtr Qtr: NESW Section: 32 Township: 5N Range: 95W Meridian: 6

Latitude: 40.334877 Longitude: -108.089034

**Flowline Start Point Riser**

Latitude: 40.338710 Longitude -108.088700 PDOP: \_\_\_\_\_ Measurement Date: 10/16/2019

Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Multiphase Pipe Material: HDPE Max Outer Diameter:(Inches) 3.000

Bedding Material: Native Materials Date Construction Completed: 01/01/2000

Maximum Anticipated Operating Pressure (PSI): 80 Testing PSI: 200

Test Date: 10/16/2019

**OPERATOR COMMENTS AND SUBMITTAL**

Comments 

This Form 44 reflects the off-location flowlines of Wesco Operating's Treleaven facility. The facility has an operating tank battery, five production wells, and two injection wells. Off-location flowlines described in the form and in the facility diagrams were put into operation prior to the May, 1, 2018 geodatabase date and thus Wesco Operating does not possess a geodatabase for the off-location flowlines. See attached documents for additional facility off-location flowline information. Note also that the flowline locations are not known and the location of depicted flowlines on the facility maps are estimated. Also note that Treleaven injection well #7 is shut in and has not been in use for an extended amount of time and is locked out. So, no pressure records are available for the #7 injection well flowline.

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

Signed: \_\_\_\_\_ Date: 09/04/2020 Email: davew@kirkwoodcompanies.com

Print Name: Dave Weinert Title: HSE Coordinator

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: 9/8/2020

## Conditions of Approval

**COA Type**

**Description**

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### Attachment Check List

**Att Doc Num**

**Name**

402208077	Form44 Submitted
402227936	TOPO MAP
402227939	PRESSURE TEST

Total Attach: 3 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval

Total: 0 comment(s)

