

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: 11/05/2020 Document Number: 402526181

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, provide pre-abandonment notices, or report abandonment of Off-Location Flowlines, Flowline Systems, Produced Water Transfer Systems, or Crude Oil Transfer Lines or Systems as required by the 1100 Series Rules. The Form 44 shall also be submitted to register, report realignment, or report abandonment of Domestic Taps, and to report Grade 1 Gas Leaks from Flowlines per Rules 610 and

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@gwp.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: 437140 Location Type: Production Facilities Name: Cornish Off-site Tank Battery Number: 08-399HN County: WELD Qtr Qtr: SWSW Section: 8 Township: 6N Range: 63W Meridian: 6 Latitude: 40.494081 Longitude: -104.469622

Description of Corrosion Protection

17lb Anode Beds

Description of Integrity Management Program

Annual Pressure Test to MAOP & Continuous Pressure Monitoring

Description of the construction method used for public by-ways, road crossings, sensitive wildlife habitats, sensitive areas, and natural and manmade watercourses (i.e., open trench, bored and cased, or bored only), if applicable.

NA

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466469 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 306191 Location Type: Well Site [] Name: CORNISH-66N63W Number: 8SWSW County: WELD No Location ID Qtr Qtr: SWSW Section: 8 Township: 6N Range: 63W Meridian: 6

Latitude: 40.495190 Longitude: -104.467970

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: 11/02/2006

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

Test Date: _____

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466470 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 306192 Location Type: Well Site

Name: CORNISH-66N63W Number: 17NWNW

County: WELD No Location ID

Qtr Qtr: NWNW Section: 17 Township: 6N Range: 63W Meridian: 6

Latitude: 40.491830 Longitude: -104.468000

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: 10/16/2007

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

Test Date: _____

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

OPERATOR COMMENTS AND SUBMITTAL

Comments

The information on this form 44 is being submitted as part of the December 1, 2020 Update.

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

Signed: _____ Date: 11/05/2020 Email: rkendrick@gwp.com

Print 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: 11/16/2020

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

| | |
|-----------|---------------------------------------|
| 402526181 | Form44 Submitted |
| 402526198 | OFF-LOCATION FLOWLINE GEODATABASE SHP |

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)

