

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:

11/24/2020

Document Number:

402182934

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: 313870 Location Type: Production Facilities
Name: AMBROSE-CUNNINGHAM-62N59W Number: 25SENE
County: MORGAN
Qtr Qtr: SENE Section: 25 Township: 2N Range: 59W Meridian: 6
Latitude: 40.111410 Longitude: -103.926520

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.111378 Longitude: -103.926543 PDOP: Measurement Date: 09/06/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 313870 Location Type: Well Site No Location ID
Name: AMBROSE-CUNNINGHAM-62N59W Number: 25SENE
County: MORGAN
Qtr Qtr: SENE Section: 25 Township: 2N Range: 59W Meridian: 6
Latitude: 40.111410 Longitude: -103.926520

Flowline Start Point Riser

Latitude: 40.113581 Longitude: -103.927964 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: 12/29/1975

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: 11/24/2020 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: _____

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402539430	OFF-LOCATION FLOWLINE GEODATABASE SHP
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

