

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:

402209762

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: 313667 Location Type: Production Facilities
Name: PETERSON P F-61N56W Number: 22SWSE
County: MORGAN
Qtr Qtr: SWSE Section: 22 Township: 1N Range: 56W Meridian: 6
Latitude: 40.031290 Longitude: -103.630980

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 479482 Flowline Type: Dump Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.031338 Longitude: -103.630979 PDOP: Measurement Date: 09/26/2019
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 479473 Location Type: Well Site ☐ No Location ID
Name: Peterson Max Tank Battery Number:
County: MORGAN
Qtr Qtr: NESW Section: 27 Township: 1N Range: 56W Meridian: 6
Latitude: 40.023510 Longitude: -103.634642

Flowline Start Point Riser

Latitude: 40.023510 Longitude: -103.634648 PDOP: Measurement Date: 09/26/2019
Equipment at Start Point Riser: Heater Treater

Flowline Description and TestingType of Fluid Transferred: Produced Water Pipe Material: Poly Max Outer Diameter:(Inches) _____Bedding Material: Native Materials Date Construction Completed: 09/06/1954

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

Test Date: _____

OPERATOR COMMENTS AND SUBMITTALComments 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.comPrint 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: 2/23/2021

Conditions of Approval

COA Type

Description

Attachment Check List

Att Doc Num

Name

402209762	Form 44 Approved-O
402539662	OFF-LOCATION FLOWLINE GEODATABASE SHP
402608373	OFF-LOCATION FLOWLINE GIS SHP
402608386	Form44 Submitted

Total Attach: 4 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)