

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: 02/17/2021 Document Number: 402601791

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 611.

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: 425647 Location Type: Production Facilities Name: BOWER TANK BATTERY Number: County: WELD Qtr: SESW Section: 10 Township: 6N Range: 67W Meridian: 6 Latitude: 40.494450 Longitude: -104.881710

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: 465766 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302717 Location Type: Well Site [] Name: Bower Number: 10-23 County: WELD No Location ID Qtr: NESW Section: 10 Township: 6N Range: 67W Meridian: 6

Latitude: 40.499740 Longitude: -104.881840

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: 12/27/2011
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: 465767 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302718 Location Type: Well Site
Name: Bower Number: 10-24
County: WELD No Location ID
Qtr Qtr: SESW Section: 10 Township: 6N Range: 67W Meridian: 6
Latitude: 40.496020 Longitude: -104.881870

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: 01/04/2012
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: 465768 Flowline Type: Wellhead Line Action Type: Pre-Abandonment Notice

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: _____ Location Type: _____ Well Site
Name: Bower Number: 10-53
County: WELD No Location ID
Qtr Qtr: SESW Section: 10 Township: 6N Range: 67W Meridian: 6
Latitude: 40.497870 Longitude: -104.883660

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: 12/31/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE Pre-Abandonment Notice

Date: 03/19/2021

Pre-Abandonment 30-day Notice

- Removed per Rule 1105.d.(2)
- Abandoned In Place per Rule 1105.d.(2) Exceptions - select all that apply:
 - A. A surface owner agreement executed by a surface owner allows abandonment in place.
 - B. The line is subject to the jurisdiction of the federal government, and the relevant federal agency directs abandonment in place.
 - C. The flowline or crude oil transfer line is co-located with other active pipelines or utilities or is in a recorded right of way.
 - D. Removal of the line would cause significant damage to natural resources, including wildlife resources, topsoil, or vegetation.
 - E. The flowline or crude oil transfer line is in a restricted surface occupancy area or sensitive wildlife habitat.
 - F. The flowline or crude oil transfer line or a segment of the line crosses or is within 30 feet of a public road, railroad, bike path, public right of way, utility corridor, or active utility or pipeline crossing.
 - G. The flowline or crude oil transfer line or a segment of the line crosses or is within 30 feet of or from under a river, stream, lake, pond, reservoir, wetlands, watercourse, waterway, or spring.
 - H. The operator demonstrates and quantifies that the removal of the flowline will cause significant emissions of air pollutants.
- Abandoned In Place per Rule 1105.d.(3)

Description of Pre-Abandonment Notice:

This flowline will be flushed prior to removing. Line will be verified free of hydro carbons with LEL monitor, dug up and 100% removed.

OPERATOR COMMENTS AND SUBMITTAL

Comments

[Empty text box for operator comments]

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

Signed: _____ Date: 02/17/2021 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: 4/20/2021

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402601791	Form44 Submitted
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval

Total: 0 comment(s)