

**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:

402601802

**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 906.

**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 ☒ No ☐

**OFF LOCATION FLOWLINE**

**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 417318 Location Type: Production Facilities  
Name: HEINZE Number: TANK BATTERY 1  
County: WELD  
Qtr Qtr: SWSE Section: 31 Township: 7N Range: 63W Meridian: 6  
Latitude: 40.524730 Longitude: -104.475220

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: 466862 Flowline Type: Wellhead Line Action Type:

**OFF LOCATION FLOWLINE REGISTRATION**

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 306569 Location Type: Well Site ☐  
Name: HEINZE-67N63W Number: 31SWSE  
County: WELD No Location ID  
Qtr Qtr: SWSE Section: 31 Township: 7N Range: 63W Meridian: 6

Latitude: 40.524640 Longitude: -104.476940

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: 08/30/2008

Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_

Test Date: \_\_\_\_\_

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

Date: 09/18/2019

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

Flowline was flushed and verified free of hydro carbons with LEL monitor. Line was abandoned in place and filled with cement.

### **FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 465759 Flowline Type: Wellhead Line Action Type: \_\_\_\_\_

### **OFF LOCATION FLOWLINE REGISTRATION**

Equipment at End Point Riser: Separator

#### **Flowline Start Point Location Identification**

Location ID: 302765 Location Type: \_\_\_\_\_ Well Site ☐

Name: HEINZE Number: 31-24

County: WELD No Location ID

Qtr Qtr: SESW Section: 31 Township: 7N Range: 63W Meridian: 6

Latitude: 40.524640 Longitude: -104.481780

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: 09/19/2010

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: 465757 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: HEINZE-67N63W Number: 31SESE

County: WELD No Location ID

Qtr Qtr: SESE Section: 31 Township: 7N Range: 63W Meridian: 6

Latitude: 40.524860 Longitude: -104.472330

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: 08/24/2008

Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_

Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE Pre-Abandonment Notice**

Date: 03/23/2021

**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.

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 465758 Flowline Type: Wellhead Line Action Type: \_\_\_\_\_

**OFF LOCATION FLOWLINE REGISTRATION**

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 302765 Location Type: \_\_\_\_\_ Well Site ☐  
Name: HEINZE Number: 31-24  
County: WELD No Location ID  
Qtr Qtr: SESW Section: 31 Township: 7N Range: 63W Meridian: 6  
Latitude: 40.524640 Longitude: -104.481780  
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: 09/14/2010  
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

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: \_\_\_\_\_

## Conditions of Approval

COA Type

Description

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## Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files

## General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)

