

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:

03/11/2021

Document Number:

402615115

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: 431590 Location Type: Production Facilities
Name: Stroh CNW-22 Offsite Tank Battery Number: 22-32D
County: WELD
Qtr Qtr: SWNW Section: 22 Township: 4N Range: 67W Meridian: 6
Latitude: 40.301483 Longitude: -104.885983

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: 465784 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 310850 Location Type: Well Site ☐
Name: GREAT WESTERN STROH Number: 22-22
County: WELD No Location ID

Qtr Qtr: SENW Section: 22 Township: 4N Range: 67W Meridian: 6

Latitude: 40.299760 Longitude: -104.879240

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: 10/07/2010

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

Test Date: _____

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

Date: 10/25/2019

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

Flowline was flushed with 25bbls fresh water prior to removing. Line was verified free of hydro carbons with LEL monitor. Line was dug up and 100% removed.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465786 Flowline Type: Wellhead Line Action Type: Out of Service

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 310848 Location Type: Well Site ☐

Name: GREAT WESTERN STROH Number: 12-22

County: WELD No Location ID ☐

Qtr Qtr: SWNW Section: 22 Township: 4N Range: 67W Meridian: 6

Latitude: 40.300060 Longitude: -104.883790

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: 10/03/2010

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

Test Date: _____

OFF LOCATION FLOWLINE Out of Service

Date: 03/05/2021

☒ Entire Line Removal

☐ Partial Line Removal

Description of Out of Service:

This line has been place out of service. The line cannot be abandoned until Fall 2021 due to crops. Once crops have been cut this flowline will be fully abandoned. This flowline was flushed, verified free of hydro carbons with LEL monitor, depleted to atmospheric pressure and OOSLAT has been applied.

FLOWLINE FACILITY INFORMATIONFlowline Facility ID: 465785 Flowline Type: Wellhead Line Action Type: _____**OFF LOCATION FLOWLINE REGISTRATION**Equipment at End Point Riser: Separator**Flowline Start Point Location Identification**

Location ID: 310849 Location Type: Well Site ☐ No Location ID
Name: Stroh CNW-22 PAD Number: 22-32D
County: WELD
Qtr Qtr: SENW Section: 22 Township: 4N Range: 67w Meridian: 6
Latitude: 40.301140 Longitude: -104.881710

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: 12/20/2008
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 This form 44 is being submitted to updated the previous form 44 doc # 402601843. A form 44 pre-abandonment notice will be submitted when the new abandonment date has been determined.

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

Signed: _____ Date: 03/11/2021 Email: rkendrick@gwp.comPrint 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: 7/9/2021

Conditions of Approval

COA Type

Description

Attachment Check List

Att Doc Num

Name

402615115	Form44 Submitted
402625637	PRESSURE TEST

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)