

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:

03/26/2021

Document Number:

402640479

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: 417139 Location Type: Production Facilities
Name: HCW TANK BATTERY Number: _____
County: WELD
Qtr Qtr: NENW Section: 25 Township: 6N Range: 67W Meridian: 6
Latitude: 40.464910 Longitude: -104.842150

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: 465752 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 416870 Location Type: Well Site ☐
Name: HCW Number: 24-14
County: WELD No Location ID

Qtr Qtr: SWSW Section: 24 Township: 6N Range: 67W Meridian: 6

Latitude: 40.467150 Longitude: -104.849010

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Pipe Material: Carbon Steel Max Outer Diameter:(Inches) _____

Bedding Material: _____ Date Construction Completed: 01/30/2011

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

Test Date: _____

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

Date: 04/09/2020

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

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

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466867 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: 416873 Location Type: Well Site ☐

Name: HCW Number: 24-53

County: WELD No Location ID ☐

Qtr Qtr: NWSW Section: 24 Township: 6N Range: 67W Meridian: 6

Latitude: 40.468870 Longitude: -104.846720

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: 01/02/2011

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

Test Date: _____

OFF LOCATION FLOWLINE Out of Service

Date: 09/29/2020

☐ Entire Line Removal

☐ Partial Line Removal

Description of Out of Service:

This flowline was flushed, verified free of hydro carbons with LEL monitor, depleted to atmospheric pressure and OOSLAT has been applied.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466865 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: 416873 Location Type: Well Site ☐
Name: HCW Number: 24-53
County: WELD No Location ID
Qtr Qtr: NWSW Section: 24 Township: 6N Range: 67W Meridian: 6
Latitude: 40.468870 Longitude: -104.846720

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: 01/09/2011
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

OFF LOCATION FLOWLINE Out of Service

Date: 09/29/2020

☐ Entire Line Removal☐ Partial Line Removal**Description of Out of Service:**

This flowline was flushed, verified free of hydro carbons with LEL monitor, depleted to atmospheric pressure and OOSLAT has been applied.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466864 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: 416873 Location Type: Well Site ☐
Name: HCW Number: 24-53
County: WELD No Location ID
Qtr Qtr: NWSW Section: 24 Township: 6N Range: 67W Meridian: 6
Latitude: 40.468870 Longitude: -104.846720

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: 01/15/2011
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

OFF LOCATION FLOWLINE Out of Service

Date: 09/29/2020

☐ Entire Line Removal☐ Partial Line Removal**Description of Out of Service:**

This flowline was flushed, verified free of hydro carbons with LEL monitor, depleted to atmospheric pressure and OOSLAT has been applied.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465753 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 416870 Location Type: Well Site ☐
Name: HCW Number: 24-14
County: WELD No Location ID
Qtr Qtr: SWSW Section: 24 Township: 6N Range: 67W Meridian: 6
Latitude: 40.467150 Longitude: -104.849010

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Date Construction Completed: 01/23/2011
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

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

Date: 04/09/2020

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

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

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466866 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: 416867 Location Type: Well Site ☐
Name: HCW Number: 24-24
County: WELD No Location ID
Qtr Qtr: SESW Section: 24 Township: 6N Range: 67W Meridian: 6
Latitude: 40.467090 Longitude: -104.844310

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: 12/18/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE Out of Service

Date: 09/29/2020

☐ Entire Line Removal

☐ Partial Line Removal

Description of Out of Service:

This flowline was flushed, verified free of hydro carbons with LEL monitor, depleted to atmospheric pressure and OOSLAT has been applied.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466900 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 306460 Location Type: Well Site ☐
Name: DETERER-66N67W Number: 24NWSE
County: WELD No Location ID
Qtr Qtr: NWSE Section: 24 Township: 6N Range: 67W Meridian: 6
Latitude: 40.470940 Longitude: -104.840140

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: 05/15/2007
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

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

Date: 01/10/2020

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: 476966 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 416870 Location Type: Well Site ☐ ☒
Name: HCW Number: 24-14
County: WELD No Location ID
Qtr Qtr: SWSW Section: 24 Township: 6N Range: 67W Meridian: 6
Latitude: 40.467150 Longitude: -104.849010
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: _____ Date Construction Completed: 02/05/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

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

Date: 04/09/2020

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

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

OPERATOR COMMENTS AND SUBMITTAL

Comments The out of service dates are estimated

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

Signed: _____ Date: 03/26/2021 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

Attachment Check List

Att Doc Num

Name

402640484	PRESSURE TEST
402640485	PRESSURE TEST
402640486	PRESSURE TEST
402640487	PRESSURE TEST

Total Attach: 4 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)