

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: 03/30/2021 Document Number: 402643326

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

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: 450406 Location Type: Production Facilities Name: Pierce Unit Central Tank Battery Number: County: WELD Qtr Qtr: SESE Section: 22 Township: 8N Range: 66W Meridian: 6 Latitude: 40.643635 Longitude: -104.756987

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.

Bored and Cased (except for the Andre 2; flowline facility ID 465882)

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465879 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: 317697 Location Type: Well Site [ ] Name: PIERCE UNIT-68N66W Number: 23SWSW County: WELD No Location ID Qtr Qtr: SWSW Section: 23 Township: 8N Range: 66W Meridian: 6

Latitude: 40.641880 Longitude: -104.751510

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: 01/17/1973  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE Out of Service**

Date: 04/02/2020

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: 465882 Flowline Type: Wellhead Line Action Type: \_\_\_\_\_

**OFF LOCATION FLOWLINE REGISTRATION**

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 317515 Location Type: Well Site   
Name: ANDRE-68N66W Number: 22NWSE  
County: WELD No Location ID  
Qtr Qtr: NWSE Section: 22 Township: 8N Range: 66W Meridian: 6  
Latitude: 40.645610 Longitude: -104.761170

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: 05/15/1957  
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: 466452 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: 317510 Location Type: Well Site   
Name: WALKER-68N66W Number: 28SESE  
County: WELD No Location ID  
Qtr Qtr: SESE Section: 28 Township: 8N Range: 66W Meridian: 6  
Latitude: 40.627500 Longitude: -104.775330

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: 12/12/1957  
Maximum Anticipated Operating Pressure (PSI): Testing PSI:  
Test Date:

**OFF LOCATION FLOWLINE Out of Service**

Date: 03/01/2021

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: 465881 Flowline Type: Wellhead Line Action Type:

**OFF LOCATION FLOWLINE REGISTRATION**

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 317512 Location Type: Well Site   
Name: PIERCE LYONS UNIT-JENNINGS-68N66W Number: 27NWSE  
County: WELD No Location ID  
Qtr Qtr: NWSE Section: 27 Township: 8N Range: 66W Meridian: 6  
Latitude: 40.631160 Longitude: -104.761090

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: 12/29/1956  
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: 465878 Flowline Type: Wellhead Line Action Type: \_\_\_\_\_

**OFF LOCATION FLOWLINE REGISTRATION**

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 317516 Location Type: Well Site

Name: UPRR TROY JONES-68N66W Number: 22SENE

County: WELD No Location ID

Qtr Qtr: SENE Section: 22 Township: 8N Range: 66W Meridian: 6

Latitude: 40.648990 Longitude: -104.756390

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: 11/15/1956

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: 465880 Flowline Type: Wellhead Line Action Type: \_\_\_\_\_

**OFF LOCATION FLOWLINE REGISTRATION**

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 317513 Location Type: Well Site

Name: UPPR PIERCE TOWNSITE-68N66W Number: 26NWNW

County: WELD No Location ID

Qtr Qtr: NWNW Section: 26 Township: 8N Range: 66W Meridian: 6

Latitude: 40.638530 Longitude: -104.751790

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: 11/19/1956 \_\_\_\_\_  
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 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: 03/30/2021 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**

402643329	PRESSURE TEST
402643445	PRESSURE TEST

Total Attach: 2 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval

Total: 0 comment(s)