

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: 04/07/2021 Document Number: 402651265

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: 417318 Location Type: Production Facilities Name: HEINZE Number: TANK BATTERY 1 County: WELD 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: 465757 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: 306570 Location Type: Well Site [] Name: HEINZE-67N63W Number: 31SESE County: WELD No Location ID 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 Out of Service

Date: 04/07/2021

Entire Line Removal

Partial Line Removal

Description of Out of Service:

This flowline was scheduled to be abandoned on 4/5/21, however, the surface owner has requested the abandonment be delayed until fall of 2021 due to crops. 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: 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:

[Empty text box for description]

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: 04/07/2021 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

402651294	PRESSURE TEST
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval

Total: 0 comment(s)