

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:

04/22/2021

Document Number:

402667974

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 ☒ No ☐

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 317506 Location Type: Production Facilities
Name: UPRR-68N66W Number: 31NESW
County: WELD
Qtr Qtr: NESW Section: 31 Township: 8N Range: 66W Meridian: 6
Latitude: 40.616171 Longitude: -104.824505

Description of Corrosion Protection

Description of Integrity Management Program

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.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466493 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317504 Location Type: Well Site ☐
Name: COLORADO STATE-68N67W Number: 36SESE
County: WELD No Location ID
Qtr Qtr: SESE Section: 36 Township: 8N Range: 67W Meridian: 6

Latitude: 40.612390 Longitude: -104.835040

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: 04/29/1955

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: 466488 Flowline Type: Wellhead Line Action Type: Abandonment Verification

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317507 Location Type: Well Site ☒

Name: UPRR-68N66W Number: 31SWNW

County: WELD No Location ID

Qtr Qtr: SWNW Section: 31 Township: 8N Range: 66W Meridian: 6

Latitude: 40.619810 Longitude: -104.829100

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: 01/25/1988

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

Test Date: _____

OFF LOCATION FLOWLINE Abandonment Verification

Date: 02/03/2021

Abandonment Verification

The abandoned Off-Location Flowline was located within the jurisdiction(s) of the following local government(s).

Jurisdiction	County	Municipality
County	WELD	

Description of Abandonment Verification:

This flowline was flushed prior to removing. The line was verified free of hydro carbons with LEL monitor, dug up and 100% removed.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466489 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317505 Location Type: Well Site ☐
Name: COLORADO STATE-68N67W Number: 36NESE
County: WELD No Location ID
Qtr Qtr: NESE Section: 36 Township: 8N Range: 67W Meridian: 6
Latitude: 40.616050 Longitude: -104.833870

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: 02/20/1954
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

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

Date: 09/27/2019

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

Flowline was flushed with 30 bbls fresh water. Line was verified free of hydro carbons with LEL monitor and abandoned in place.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466492 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317508 Location Type: Well Site ☐
Name: UPRR-68N66W Number: 31NWNW

County: WELD

No Location ID

Qtr Qtr: NWNW Section: 31 Township: 8N Range: 66W Meridian: 6

Latitude: 40.623460 Longitude: -104.829100

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: 09/24/1956

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

Test Date: _____

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

Date: 09/27/2019

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

Flowline was flushed with 30 bbls fresh water. Line was verified free of hydro carbons with LEL monitor and abandoned in place.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466491 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317506 Location Type: _____ Well Site ☐

Name: UPRR-68N66W Number: 31NESW

County: WELD No Location ID

Qtr Qtr: NESW Section: 31 Township: 8N Range: 66W Meridian: 6

Latitude: 40.616171 Longitude: -104.824505

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: 01/02/1954

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 INFORMATIONFlowline Facility ID: 466490 Flowline Type: Wellhead Line Action Type: _____**OFF LOCATION FLOWLINE REGISTRATION**Equipment at End Point Riser: Separator**Flowline Start Point Location Identification**

Location ID: 317502 Location Type: _____ Well Site ☐ ☐
Name: BAIAMONTE-67N66W Number: 6NENW
County: WELD No Location ID
Qtr Qtr: NENW Section: 6 Township: 7N Range: 66W Meridian: 6
Latitude: 40.608920 Longitude: -104.824540

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: 03/01/1985
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: 04/22/2021 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: _____

Conditions of Approval

COA Type

Description

Attachment Check List

Att Doc Num

Name

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)