

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: 10/28/2020 Document Number: 402520487

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: 96155 Contact Person: Bryce Maifeld Company Name: WHITING OIL & GAS CORPORATION Phone: (970) 396-8949 Address: 1700 LINCOLN STREET SUITE 4700 Email: WhitingEasternCO@whiting.com City: DENVER State: CO Zip: 80290 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: 435160 Location Type: Well Site Name: Razor Number: 26I Pad County: WELD Qtr Qtr: NESE Section: 26 Township: 10N Range: 58W Meridian: 6 Latitude: 40.808747 Longitude: -103.825819

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: 465032 Flowline Type: Peripheral Piping Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 435421 Location Type: Production Facilities [] Name: Razor Number: 26 Production County: WELD No Location ID Qtr Qtr: NESW Section: 26 Township: 10N Range: 58W Meridian: 6

Latitude: 40.808739 Longitude: -103.836811

Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 8.625

Bedding Material: Native Materials Date Construction Completed: 11/23/2014

Maximum Anticipated Operating Pressure (PSI): 1200 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: 465031 Flowline Type: Peripheral Piping Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 435421 Location Type: Production Facilities

Name: Razor Number: 26 Production

County: WELD No Location ID

Qtr Qtr: NESW Section: 26 Township: 10N Range: 58W Meridian: 6

Latitude: 40.808739 Longitude: -103.836811

Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 8.625

Bedding Material: Native Materials Date Construction Completed: 11/23/2014

Maximum Anticipated Operating Pressure (PSI): 1200 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 is the first GIS alignment data submitted for the off-location flowlines that terminate at this well site.

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

Signed: _____ Date: 10/28/2020 Email: WhitingEasternCO@whiting.com

Print Name: Bryce Maifeld Title: Regulatory Specialist

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

402520497	OFF-LOCATION FLOWLINE GEODATABASE SHP
-----------	---------------------------------------

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

