

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: 04/11/2023 Document Number: 403369964

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 Grade1 Gas Leaks from Flowlines per Rules 610 and 906.

Operator Information

OGCC Operator Number: 95620 Contact Person: Steve James Company Name: WESTERN OPERATING COMPANY Phone: (303) 726-8650 Address: 1165 DELAWARE STREET #200 Email: steve@westernoperating.com City: DENVER State: CO Zip: 80204 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: 317309 Location Type: Production Facilities Name: KALSEVIC FARMS-62S54W Number: 17NESW County: WASHINGTON Qtr Qtr: NESW Section: 17 Township: 2S Range: 54W Meridian: 6 Latitude: 39.875667 Longitude: -103.452946

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: Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317336 Location Type: Well Site [] Name: KALCEVIC FARMS-62S54W Number: 17S2SW County: WASHINGTON No Location ID

Qtr Qtr: S2SW Section: 17 Township: 2S Range: 54W Meridian: 6

Latitude: 39.872557 Longitude: -103.455116

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000

Bedding Material: Native Materials Date Construction Completed: 10/20/2000

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

Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317309 Location Type: Well Site

Name: KALSEVIC FARMS-62S54W Number: 17NESW

County: WASHINGTON No Location ID

Qtr Qtr: NESW Section: 17 Township: 2S Range: 54W Meridian: 6

Latitude: 39.875667 Longitude: -103.452946

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000

Bedding Material: Native Materials Date Construction Completed: 02/22/1994

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

Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: _____ Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Tank

Flowline Start Point Location Identification

Location ID: 317309 Location Type: Production Facilities

Name: KALSEVIC FARMS-62S54W Number: 17NESW

County: WASHINGTON No Location ID

Qtr Qtr: NESW Section: 17 Township: 2S Range: 54W Meridian: 6

Latitude: 39.875667 Longitude: -103.452946

Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000

Bedding Material: Native Materials Date Construction Completed: 02/22/1994

Maximum Anticipated Operating Pressure (PSI): _____

Testing PSI: _____

Test Date: _____

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: 04/11/2023 Email: rfinley@entradainc.com

Print Name: Ryan Finley Title: Senior Project Geologist

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

403369983	OFF-LOCATION FLOWLINE GIS SHP
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval

Total: 0 comment(s)