

State of Colorado Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



ECMC RECEPTION

Receive Date:

02/13/2024

Document Number:

403686128

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 906.

Operator Information

ECMC 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: 320466 Location Type: Production Facilities
Name: LINNEBUR-63S60W Number: 8E2NW
County: ADAMS
Qtr Qtr: E2NW Section: 8 Township: 3S Range: 60W Meridian: 6
Latitude: 39.807134 Longitude: -104.114457

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: 479450 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320466 Location Type: Well Site
Name: LINNEBUR-63S60W Number: 8E2NW
County: ADAMS No Location ID

Qtr Qtr: E2NW Section: 8 Township: 3S Range: 60W Meridian:

Latitude: 39.809685 Longitude: -104.124837

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: 12/22/1999

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: 482903 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: 319642 Location Type: Well Site

Name: LINNEBUR-63S60W Number: 8SWNE

County: ADAMS No Location ID

Qtr Qtr: SWNE Section: 8 Township: 3S Range: 60W Meridian: 6

Latitude: 39.806995 Longitude: -104.120566

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Produced Water Pipe Material: Fiberglass Max Outer Diameter:(Inches) 2.000

Bedding Material: Native Materials Date Construction Completed: 07/02/1997

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

Test Date: _____

OFF LOCATION FLOWLINE Abandonment Verification

Date: 01/03/2024

Abandonment Verification

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

(No Jurisdiction)

Description of Abandonment Verification:

Abandonment in place of the Linnebur 32-8 Wellhead Line occurred pursuant to the requirements listed in COGCC Rules 1105.e and per the previously submitted landowner agreement. Verification of abandonment was performed by a third party in compliance with Rule 1105.f.(2).D, please see attached.

OPERATOR COMMENTS AND SUBMITTAL

Comments

This form is being submitted to document the abandonment in place of Flowline ID: 482903 and provide third party verification of activities to abandon the flowline pursuant to COGCC Rule 1105.e.(1)-(4) and per the previously submitted landowner agreement.

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

Signed: _____ Date: 02/13/2024 Email: rfinley@entradainc.com

Print Name: Ryan Finley Title: Senior Project Geologist

Based on the information provided herein, this Flowline Report complies with ECMC Rules and applicable orders and is hereby approved.

ECMC Approved:



Director of ECMC

Date: 4/14/2025

CONDITIONS OF APPROVAL, IF ANY LIST

COA Type

Description

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ATTACHMENT LIST

Att Doc Num

Name

| | |
|-----------|------------------------------------|
| 403686128 | Form44 Submitted |
| 403686143 | ABANDONMENT IN PLACE DOCUMENTATION |
| 403686163 | OFF-LOCATION FLOWLINE GIS GDB |

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

| | | |
|--|--|------------------------|
| | | Stamp Upon Approval |
|--|--|------------------------|

Total: 0 comment(s)