

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

05/29/2019

Document Number:

402058067

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, or report abandonment of Off-Location Flowlines, Produced Water Transfer Systems, Domestic Taps, or Crude Oil Transfer Lines as required by the 1100 Series Rules. The Form shall also be submitted to report Grade 1 Gas Leaks from Flowlines per Rule 1104.k.

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@gwogco.com
City: DENVER State: CO Zip: 80202
Is the Operator a Tier One member of the Utility Notification Center of Colorado (UNCC) that participates in Colorado's One Call notification system? Yes [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 432014 Location Type: Production Facilities
Name: New Cache FH NWSW/NWSE Tank Battery Number: 8-12D
County: WELD
Qtr Qtr: NESW Section: 8 Township: 6N Range: 63W Meridian: 6
Latitude: 40.499236 Longitude: -104.461819

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464854 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.499434 Longitude: -104.461980 PDOP: Measurement Date: 06/07/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 306312 Location Type: Well Site [] No Location ID
Name: CACHE-66N63W Number: 8SWSE
County: WELD
Qtr Qtr: SWSE Section: 8 Township: 6N Range: 63W Meridian: 6
Latitude: 40.495670 Longitude: -104.459170

Flowline Start Point Riser

Latitude: 40.495664 Longitude: -104.459163 PDOP: Measurement Date: 06/07/2019
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: 01/24/2008
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: 05/29/2019 Email: rkendrick@gwogco.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: 6/4/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402058067	Form44 Submitted

Total Attach: 1 Files