

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

10/04/2019

Document Number:

402185078

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: 69175 Contact Person: Jenifer Hakkarinen
Company Name: PDC ENERGY INC Phone: (303) 860-5800
Address: 1775 SHERMAN STREET - STE 3000 Email: Jenifer.Hakkarinen@pdce.com
City: DENVER State: CO Zip: 80203
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 ☒ No ☐

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 415011 Location Type: Production Facilities
Name: Cozzens Sec. 8 NE/4 Number: Tank Battery
County: WELD
Qtr Qtr: NENE Section: 8 Township: 6N Range: 65W Meridian: 6
Latitude: 40.505360 Longitude: -104.678280

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 471193 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.505633 Longitude: -104.678124 PDOP: Measurement Date: 06/30/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 414947 Location Type: Well Site ☐ No Location ID
Name: Cozzens Number: Multi-Well A
County: WELD
Qtr Qtr: NENE Section: 8 Township: 6N Range: 65W Meridian: 6
Latitude: 40.507190 Longitude: -104.679570

Flowline Start Point Riser

Latitude: 40.507170 Longitude: -104.679530 PDOP: Measurement Date: 06/30/2017
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: _____ Date Construction Completed: 04/10/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 471194 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.505633 Longitude: -104.678124 PDOP: _____ Measurement Date: 06/30/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 414947 Location Type: _____ Well Site ☐ No Location ID
Name: Cozzens Number: Multi-Well A
County: WELD
Qtr Qtr: NENE Section: 8 Township: 6N Range: 65W Meridian: 6
Latitude: 40.507190 Longitude: -104.679570

Flowline Start Point Riser

Latitude: 40.507140 Longitude: -104.679390 PDOP: _____ Measurement Date: 06/30/2017
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: _____ Date Construction Completed: 04/20/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 471195 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.505633 Longitude: -104.678124 PDOP: _____ Measurement Date: 06/30/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 414947 Location Type: _____ Well Site ☐ No Location ID
Name: Cozzens Number: Multi-Well A
County: WELD
Qtr Qtr: NENE Section: 8 Township: 6N Range: 65W Meridian: 6
Latitude: 40.507190 Longitude: -104.679570

Flowline Start Point Riser

Latitude: 40.507220 Longitude -104.679580 PDOP: Measurement Date: 06/30/2017

Equipment at Start Point Riser: Well

Flowline Description and Testing

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

Bedding Material: Date Construction Completed: 04/05/2010

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 471196 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.505633 Longitude: -104.678124 PDOP: Measurement Date: 06/30/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 414947 Location Type: Well Site ☐ No Location ID

Name: Cozzens Number: Multi-Well A

County: WELD

Qtr Qtr: NENE Section: 8 Township: 6N Range: 65W Meridian: 6

Latitude: 40.507190 Longitude: -104.679570

Flowline Start Point Riser

Latitude: 40.507250 Longitude -104.679720 PDOP: Measurement Date: 06/30/2017

Equipment at Start Point Riser: Well

Flowline Description and Testing

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

Bedding Material: Date Construction Completed: 03/27/2010

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 471197 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.505633 Longitude: -104.678124 PDOP: Measurement Date: 06/30/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 414947 Location Type: Well Site ☐ No Location ID

Name: Cozzens Number: Multi-Well A

County: WELD

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

Signed: _____ Date: 10/04/2019 Email: Jenifer.Hakkarinen@pdce.com

Print Name: Jenifer Hakkarinen Title: Reg Tech

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: 2/6/2020

Attachment Check List

Att Doc Num**Name**

402185078	Form44 Submitted
402200282	AERIAL PHOTO

Total Attach: 2 Files