

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:

10/28/2019

Document Number:

402223786

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 ☒ No ☐

OFF LOCATION FLOWLINE**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 464902 Location Type: Production Facilities
Name: Hicks P S7 SESE Number: 3N67W
County: WELD
Qtr Qtr: SESE Section: 7 Township: 3N Range: 67W Meridian: 6
Latitude: 40.236170 Longitude: -104.926258

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465326 Flowline Type: Wellhead Line Action Type: Abandonment

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

Latitude: 40.236236 Longitude: -104.926410 PDOP: Measurement Date: 03/11/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305138 Location Type: Well Site ☐ No Location ID
Name: HICKS P-63N67W Number: 7NWSE
County: WELD
Qtr Qtr: NWSE Section: 7 Township: 3N Range: 67W Meridian: 6
Latitude: 40.237760 Longitude: -104.928214

Flowline Start Point Riser

Latitude: 40.237764 Longitude: -104.928217 PDOP: Measurement Date: 03/24/2019
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: 12/09/2004
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 10/23/2019

Description of Abandonment

Flowline was flushed with 25bbbls fresh water prior to removing. Line was verified free of hydro carbons with LEL monitor. Line was dug up and 100% removed.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465327 Flowline Type: Wellhead Line Action Type: Abandonment

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

Latitude: 40.236219 Longitude: -104.926406 PDOP: _____ Measurement Date: 07/14/2016
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 329687 Location Type: _____ Well Site ☐ No Location ID

Name: HICKS-63N67W Number: 7SESE

County: WELD

Qtr Qtr: SESE Section: 7 Township: 3N Range: 67W Meridian: 6

Latitude: 40.235045 Longitude: -104.925715

Flowline Start Point Riser

Latitude: 40.235611 Longitude: -104.924953 PDOP: _____ Measurement Date: 07/09/2016

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: 01/22/1994
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 10/23/2019

Description of Abandonment

Flowline was flushed with 25bbbls fresh water prior to removing. Line was verified free of hydro carbons with LEL monitor. Line was dug up and 100% removed.

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: 10/28/2019 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: _____

Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files