

**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:

11/24/2020

Document Number:

402183969

**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: 95620 Contact Person: Steve James  
Company Name: WESTERN OPERATING COMPANY Phone: (303) 8932438  
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 ☒ No ☐

**OFF LOCATION FLOWLINE**

**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 312146 Location Type: Production Facilities  
Name: NELSON-68N54W Number: 17SENW  
County: LOGAN  
Qtr Qtr: SENW Section: 17 Township: 8N Range: 54W Meridian: 6  
Latitude: 40.661400 Longitude: -103.440030

**FLOWLINE FACILITY INFORMATION**

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

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.665421 Longitude: -103.445876 PDOP: Measurement Date: 09/17/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 312146 Location Type: Well Site ☐ No Location ID  
Name: NELSON-68N54W Number: 17SENW  
County: LOGAN  
Qtr Qtr: SENW Section: 17 Township: 8N Range: 54W Meridian: 6  
Latitude: 40.661400 Longitude: -103.440030

**Flowline Start Point Riser**

Latitude: 40.661445 Longitude: -103.439998 PDOP: Measurement Date: 09/17/2019  
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) 2.000Bedding Material: Native Materials Date Construction Completed: 02/28/1954

Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_

Test Date: \_\_\_\_\_

**OPERATOR COMMENTS AND SUBMITTAL**Comments 

Fixed GDB issue

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

Signed: \_\_\_\_\_ Date: 11/24/2020 Email: marta@westernoperating.comPrint Name: Marta Reid Title: Agent

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

## Attachment Check List

Att Doc Num

Name

402539459

OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 1 Files

## General Comments

User Group

Comment

Comment Date

Stamp Upon  
Approval

Total: 0 comment(s)

