

**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:

07/22/2022

Document Number:

403112447

**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**

OGCC Operator Number: 95620 Contact Person: Steve James  
Company Name: WESTERN OPERATING COMPANY Phone: (303) 893-2438  
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: 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: 6

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: Registration

### **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: \_\_\_\_\_

### **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: 07/22/2022 Email: steve@westernoperating.com

Print Name: Steve James Title: President

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: 9/14/2022

## Conditions of Approval

**COA Type**

**Description**

## Attachment Check List

**Att Doc Num**

**Name**

403112447	Form44 Submitted
403165663	OFF-LOCATION FLOWLINE GIS GDB
403165670	OFF-LOCATION FLOWLINE GIS SHP

Total Attach: 3 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)