

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:

06/08/2018

Document Number:

401666910

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: 47120 Contact Person: KRISTINA GENO
Company Name: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6824
Address: P O BOX 173779 Email: kristina.geno@anadarko.com
City: DENVER State: CO Zip: 80217-3779
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: 319599 Location Type: Well Site
Name: SCHEIDT-STATE-61N67W Number: 16CSE
County: WELD
Qtr Qtr: CSE Section: 16 Township: 1N Range: 67W Meridian: 6
Latitude: 40.047348 Longitude: -104.891072

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 455914 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.047389 Longitude: -104.890959 PDOP: 1.1 Measurement Date: 01/17/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327411 Location Type: Production Facilities ☐ No Location ID
Name: SCHEIDT-STATE VV-61N67W Number: 16NWSE
County: WELD
Qtr Qtr: NWSE Section: 16 Township: 1N Range: 67W Meridian: 6
Latitude: 40.048944 Longitude: -104.893021

Flowline Start Point Riser

Latitude: 40.048951 Longitude: -104.893037 PDOP: 1.4 Measurement Date: 01/17/2018
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: 12/19/1990
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments Well was cut and capped on 4/28/2018. Flowline was abandoned in place until fall of 2022 when crops are changed out per request from landowner.

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

Signed: _____ Date: 06/08/2018 Email: kristina.geno@anadarko.com

Print Name: KRISTINA GENO Title: REGUALTORY 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: 7/10/2018

Attachment Check List**Att Doc Num****Name**

401666910	Form 44 Approved-O
-----------	--------------------

Total Attach: 1 Files