

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date: 06/22/2018

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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: CANDICE BARBER
Company Name: KERR MCGEE OIL & GAS ONSHORE LP Phone: (970) 515-1671
Address: P O BOX 173779 Email: CANDICE.BARBER@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 [X] No [ ]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 318080 Location Type: Production Facilities
Name: ADDIE M. KING GAS UNIT-61N66W Number: 4SWSW
County: WELD
Qtr Qtr: SWSW Section: 4 Township: 1N Range: 66W Meridian: 6
Latitude: 40.076140 Longitude: -104.788210

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 455987 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.076448 Longitude: -104.788054 PDOP: 1.4 Measurement Date: 11/14/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331486 Location Type: Well Site [ ] No Location ID
Name: PERRI-61N66W Number: 4NESW
County: WELD
Qtr Qtr: NESW Section: 4 Township: 1N Range: 66W Meridian: 6
Latitude: 40.078920 Longitude: -104.783870

Flowline Start Point Riser

Latitude: 40.078929 Longitude: -104.783859 PDOP: 1.5 Measurement Date: 11/14/2017
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: 10/01/2008  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_


**OPERATOR COMMENTS AND SUBMITTAL**

Comments cut and capped on 5/9/2018 and the flow line was removed on 6/1/2018.  
PERRI 11-4A

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.  
Signed: \_\_\_\_\_ Date: 06/22/2018 Email: CANDICE.BARBER@ANADARKO.COM

Print Name: CANDICE BARBER Title: 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: 7/13/2018

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files