

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:

06/22/2018

Document Number:

401683178

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 ☒ No ☐

OFF LOCATION FLOWLINE**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 317898 Location Type: Production Facilities
Name: LANSONS FARMS-62N68W Number: 35NESW
County: WELD
Qtr Qtr: NESW Section: 35 Township: 2N Range: 68W Meridian: 6
Latitude: 40.093108 Longitude: -104.972903

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456162 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.092632 Longitude: -104.973638 PDOP: 1.5 Measurement Date: 08/01/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336181 Location Type: Well Site ☐ No Location ID
Name: LANSONS FARM/NAV/-62N68W Number: 35NESW
County: WELD
Qtr Qtr: NESW Section: 35 Township: 2N Range: 68W Meridian: 6
Latitude: 40.092010 Longitude: -104.974150

Flowline Start Point Riser

Latitude: 40.092055 Longitude: -104.973945 PDOP: 1.4 Measurement Date: 08/01/2017
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: 07/01/2009
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments cut and capped on 5/24/18. A small section of flow line was removed on 6/11/2018. The remaining flow line was left in place due to other flow lines being in the area. We will remove when P&A of the location is completed.
NELSON 33-35

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: 7/23/2018

Attachment Check List

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

Total Attach: 0 Files