

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:

401683290

## 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: 456163 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.092641 Longitude: -104.973656 PDOP: 1.4 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: 40.092019 Longitude: -104.973975 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: 06/01/2009  
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 14-35

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**

| <b><u>Att Doc Num</u></b> | <b><u>Name</u></b> |
|---------------------------|--------------------|
|---------------------------|--------------------|

|  |  |
|--|--|
|  |  |
|--|--|

Total Attach: 0 Files