

State of Colorado
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

07/09/2018

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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 No

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 436734 Location Type: Production Facilities
Name: KERBS TANK BATTERY Number: 32C-14HZ
County: WELD
Qtr Qtr: SENE Section: 13 Township: 3N Range: 68W Meridian: 6
Latitude: 40.229264 Longitude: -104.945931

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456399 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.229151 Longitude: -104.945896 PDOP: Measurement Date: 06/22/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330152 Location Type: Well Site No Location ID
Name: UPV-63N68W Number: 13SENE
County: WELD
Qtr Qtr: SENE Section: 13 Township: 3N Range: 68W Meridian: 6
Latitude: 40.229870 Longitude: -104.946048

Flowline Start Point Riser

Latitude: 40.229864 Longitude: -104.946034 PDOP: 1.2 Measurement Date: 06/22/2017
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: 11/05/1994
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

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