

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

07/09/2018

Document Number:

401693887

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: 420485 Location Type: Production Facilities
Name: BM LAND TANK BATTERY Number: 13-5
County: WELD
Qtr Qtr: SWSW Section: 5 Township: 2N Range: 65W Meridian: 6
Latitude: 40.160992 Longitude: -104.696391

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456403 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.160880 Longitude: -104.696660 PDOP: Measurement Date: 05/29/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305660 Location Type: Well Site No Location ID
Name: BM LAND-62N65W Number: 5SESW
County: WELD
Qtr Qtr: SESW Section: 5 Township: 2N Range: 65W Meridian: 6
Latitude: 40.161960 Longitude: -104.689510

Flowline Start Point Riser

Latitude: 40.161958 Longitude: -104.689542 PDOP: Measurement Date: 05/29/2018
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: 03/30/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments The well head was cut and capped on 6/22/2018 and the entire flow line was removed on 6/26/2018. We also removed the separator, tank and sales line for this well on 6/27/2018.
BM LAND 14-5

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 07/09/2018 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: 7/30/2018

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files