

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date: 07/16/2018

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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: 317629 Location Type: Production Facilities
Name: STATE-62N68W Number: 36NESW
County: WELD
Qtr Qtr: NESW Section: 36 Township: 2N Range: 68W Meridian: 6
Latitude: 40.091690 Longitude: -104.955760

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 455988 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.091476 Longitude: -104.955188 PDOP: 1.6 Measurement Date: 08/04/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336165 Location Type: Well Site [] No Location ID
Name: STATE-62N68W Number: 36NWSW
County: WELD
Qtr Qtr: NWSW Section: 36 Township: 2N Range: 68W Meridian: 6
Latitude: 40.093170 Longitude: -104.958810

Flowline Start Point Riser

Latitude: 40.093325 Longitude: -104.958832 PDOP: 1.5 Measurement Date: 08/04/2017
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: 12/17/2008
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 05/30/2018

Description of Abandonment

WELL WAS CUT & CAPPED ON 5/10/2018, ENTIRE FLOWLINE REMOVED 5/30/2018

OPERATOR COMMENTS AND SUBMITTAL

Comments

DACONO STATE 12-6
FORM 44 REG DOC #401682683

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 07/16/2018 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: 8/1/2018

Attachment Check List

Att Doc Num

Name

Att Doc Num	Name

Total Attach: 0 Files