

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION Receive Date: 07/24/2018 Document Number: 401711701

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: 331620 Location Type: Production Facilities Name: DRY CREEK Number: 21-35 County: WELD Qtr Qtr: SENW Section: 35 Township: 1N Range: 67W Meridian: 6 Latitude: 40.008883 Longitude: -104.859408

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456621 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.009366 Longitude: -104.858882 PDOP: Measurement Date: 05/20/2017 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331620 Location Type: Well Site [] No Location ID Name: DRY CREEK Number: 21-35 County: WELD Qtr Qtr: SENW Section: 35 Township: 1N Range: 67W Meridian: 6 Latitude: 40.008883 Longitude: -104.859408

Flowline Start Point Riser

Latitude: 40.009011 Longitude: -104.859460 PDOP: Measurement Date: 05/20/2017 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: 11/11/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments The well head was cut and capped on 6/28/2018. A small section of flow line was removed on 6/29/2018 and the remainder was left due to other flow lines in the area.
DPC STATE X 36-09
API #0512325781

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 07/24/2018 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: 8/16/2018

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files