

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:

07/24/2018

Document Number:

401711841

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: 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: 456641 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.009374 Longitude: -104.858955 PDOP: 2.1 Measurement Date: 06/29/2018
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: 40.008997 Longitude: -104.859513 PDOP: 1.9 Measurement Date: 06/29/2018
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: 05/17/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

The well head was cut and capped on 6/29/2018. The entire flow line was removed on 7/2/2018.
DRY CREEK 3-35
0512331100

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: 8/17/2018

Attachment Check List**Att Doc Num****Name**

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Total Attach: 0 Files