

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

07/24/2018

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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: 330861 Location Type: Production Facilities
Name: JOHNSON-61N68W Number: 24SENW
County: WELD
Qtr Qtr: SENW Section: 24 Township: 1N Range: 68W Meridian: 6
Latitude: 40.038150 Longitude: -104.953560

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456681 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.037567 Longitude: -104.954098 PDOP: 1.5 Measurement Date: 08/30/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330861 Location Type: Well Site [ ] No Location ID
Name: JOHNSON-61N68W Number: 24SENW
County: WELD
Qtr Qtr: SENW Section: 24 Township: 1N Range: 68W Meridian: 6
Latitude: 40.038150 Longitude: -104.953560

Flowline Start Point Riser

Latitude: 40.038157 Longitude: -104.953564 PDOP: 1.4 Measurement Date: 08/30/2017
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: 11/01/1999  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_


**OPERATOR COMMENTS AND SUBMITTAL**

Comments The well head was cut and capped on 6/19/2018. The entire flow line was removed on 7/5/2018. The tank battery was removed on 7/6/2018. There is still a sales line in place that is blind flanged at the meter and LOTO'd at the location.  
JOHNSTON 22-24  
0512319788

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: 8/20/2018

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files