

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:

07/30/2018

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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 ☒ No ☐

**OFF LOCATION FLOWLINE****FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 424057 Location Type: Production Facilities  
Name: CHRISTNER Number: 8-66-5-3H  
County: WELD  
Qtr Qtr: Lot 3 Section: 5 Township: 8N Range: 66W Meridian: 6  
Latitude: 40.695658 Longitude: -104.805250

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 455912 Flowline Type: Wellhead Line Action Type: Abandonment

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

Latitude: 40.695255 Longitude: -104.804696 PDOP: 1.3 Measurement Date: 04/13/2018  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 424057 Location Type: Production Facilities ☐ No Location ID  
Name: CHRISTNER Number: 8-66-5-3H  
County: WELD  
Qtr Qtr: Lot 3 Section: 5 Township: 8N Range: 66W Meridian: 6  
Latitude: 40.695658 Longitude: -104.805250

**Flowline Start Point Riser**

Latitude: 40.695656 Longitude: -104.805223 PDOP: 1.2 Measurement Date: 04/04/2018  
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: 12/19/2011  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 05/08/2018

**Description of Abandonment**

C&C on 4/4/18. Flow line, return line, and gas supply line all fully removed on 5/8/18. Tank battery was also removed.  
CHRISTNER 8-66-5-3XH 05-123-33866

**OPERATOR COMMENTS AND SUBMITTAL**

Comments C&C on 4/4/18. Flow line, return line, and gas supply line all fully removed on 5/8/18. Tank battery was also removed.  
CHRISTNER 8-66-5-3XH 05-123-33866

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

Signed: \_\_\_\_\_ Date: 07/30/2018 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: 8/23/2018

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files