

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

07/31/2018

Document Number:

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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: 436734 Location Type: Production Facilities
Name: KERBS TANK BATTERY Number: 32C-14HZ
County: WELD
Qtr Qtr: SENE Section: 13 Township: 3N Range: 68W Meridian: 6
Latitude: 40.229264 Longitude: -104.945931

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456399 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.229151 Longitude: -104.945896 PDOP: Measurement Date: 06/22/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330152 Location Type: Well Site [] No Location ID
Name: UPV-63N68W Number: 13SENE
County: WELD
Qtr Qtr: SENE Section: 13 Township: 3N Range: 68W Meridian: 6
Latitude: 40.229870 Longitude: -104.946048

Flowline Start Point Riser

Latitude: 40.229864 Longitude: -104.946034 PDOP: 1.2 Measurement Date: 06/22/2017
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: 11/05/1994
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/22/2018

Description of Abandonment

The well head was cut and capped on 6/22/2018. The entire flow line was removed on 6/22/2018

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456432 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.229320 Longitude: -104.946264 PDOP: _____ Measurement Date: 06/13/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 417593 Location Type: _____ Well Site No Location ID
Name: KERBS Number: 31N-14HZ
County: WELD
Qtr Qtr: NENE Section: 13 Township: 3N Range: 68W Meridian: 6
Latitude: 40.231096 Longitude: -104.943966

Flowline Start Point Riser

Latitude: 40.231867 Longitude: -104.944680 PDOP: _____ Measurement Date: 06/13/2018
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: 11/10/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/13/2018

Description of Abandonment

The well head was cut and capped on 6/13/2018. The entire flow line was removed on 6/13/2018.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456375 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.229392 Longitude: -104.946220 PDOP: 1.1 Measurement Date: 05/22/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 417591 Location Type: Well Site No Location ID

Name: Kerbs T Number: 13-02

County: WELD

Qtr Qtr: NWNE Section: 13 Township: 3N Range: 68W Meridian: 6

Latitude: 40.231900 Longitude: -104.948790

Flowline Start Point Riser

Latitude: 40.231902 Longitude: -104.948805 PDOP: 1.2 Measurement Date: 05/22/2017

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: 01/07/2011

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/19/2018

Description of Abandonment

The well head was cut and capped on 6/19/2018. The entire flow line was removed on 6/19/2018.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456400 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.229387 Longitude: -104.946210 PDOP: Measurement Date: 06/22/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 417590 Location Type: Well Site No Location ID

Name: Kerbs T Number: 13-08

County: WELD

Qtr Qtr: SENE Section: 13 Township: 3N Range: 68W Meridian: 6

Latitude: 40.228050 Longitude: -104.944510

Flowline Start Point Riser

Latitude: 40.228044 Longitude: -104.944446 PDOP: Measurement Date: 06/22/2017

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: 04/28/2011

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/21/2018

Description of Abandonment

The well head was cut and capped on 6/21/2018. The entire flow line was removed on 6/21/2018. The remaining section of flow line left from the Conquest 37-30 was also removed on 6/21/2018.

OPERATOR COMMENTS AND SUBMITTAL

Comments

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

Signed: _____ Date: 07/31/2018 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: 8/27/2018

Attachment Check List

Att Doc Num

Name

Att Doc Num	Name

Total Attach: 0 Files