

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:

07/31/2018

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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: 420485 Location Type: Production Facilities  
Name: BM LAND TANK BATTERY Number: 13-5  
County: WELD  
Qtr Qtr: SWSW Section: 5 Township: 2N Range: 65W Meridian: 6  
Latitude: 40.160992 Longitude: -104.696391

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 455989 Flowline Type: Wellhead Line Action Type: Removed From Service

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

Latitude: 40.160886 Longitude: -104.696624 PDOP: 1.8 Measurement Date: 05/29/2018  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 305186 Location Type: Well Site ☐ No Location ID  
Name: BM LAND-62N65W Number: 5NESW  
County: WELD  
Qtr Qtr: NESW Section: 5 Township: 2N Range: 65W Meridian: 6  
Latitude: 40.166490 Longitude: -104.689240

**Flowline Start Point Riser**

Latitude: 40.166481 Longitude: -104.689292 PDOP: 1.6 Measurement Date: 05/29/2018  
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: 03/01/2008  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE REMOVAL FROM SERVICE**

Date: 05/22/2018

☒ Entire Line Removal☐ Partial Line Removal**Description of Removal from Service**

cut and capped on 5/22/2018. The flow line will remain in place until the fall of 2018 due to crops.

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 456403 Flowline Type: Wellhead Line Action Type: Abandonment

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

Latitude: 40.160880 Longitude: -104.696660 PDOP: \_\_\_\_\_ Measurement Date: 05/29/2018

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**Location ID: 305660 Location Type: \_\_\_\_\_ Well Site ☐ No Location ID

Name: BM LAND-62N65W

Number: 5SESW

County: WELD

Qtr Qtr: SESW Section: 5 Township: 2N Range: 65W Meridian: 6

Latitude: 40.161960 Longitude: -104.689510

**Flowline Start Point Riser**

Latitude: 40.161958 Longitude: -104.689542 PDOP: \_\_\_\_\_ Measurement Date: 05/29/2018

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: 03/30/2011  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 06/26/2018

**Description of Abandonment**

The well head was cut and capped on 6/22/2018 and the entire flow line was removed on 6/26/2018. We also removed the separator, tank and sales line for this well on 6/27/2018.

**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**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files