

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION Receive Date: 08/22/2018 Document Number: 401741196

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: 317686 Location Type: Production Facilities Name: ROCKY MTN FUEL CO E-62N67W Number: 30NESE County: WELD Qtr Qtr: NESE Section: 30 Township: 2N Range: 67W Meridian: 6 Latitude: 40.107560 Longitude: -104.926180

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456669 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.107870 Longitude: -104.924944 PDOP: Measurement Date: 07/26/2017 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336201 Location Type: Well Site [] No Location ID Name: TOM L RUSSELL UNIT 'C'-TRUE-62N67W Number: 30SESE County: WELD Qtr Qtr: SESE Section: 30 Township: 2N Range: 67W Meridian: 6 Latitude: 40.105470 Longitude: -104.927470

Flowline Start Point Riser

Latitude: 40.105339 Longitude: -104.927371 PDOP: Measurement Date: 07/26/2017 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: 01/01/2008
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/28/2018

Description of Abandonment

The Frederick 15-30 flow line was removed completely on 6/28/2018.
0512327279

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456668 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.107871 Longitude: -104.924930 PDOP: _____ Measurement Date: 07/26/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336201 Location Type: _____ Well Site No Location ID
Name: TOM L RUSSELL UNIT 'C'-TRUE-62N67W Number: 30SESE
County: WELD
Qtr Qtr: SESE Section: 30 Township: 2N Range: 67W Meridian: 6
Latitude: 40.105470 Longitude: -104.927470

Flowline Start Point Riser

Latitude: 40.105485 Longitude: -104.927455 PDOP: _____ Measurement Date: 07/26/2017
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: 01/24/1984
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/28/2018

Description of Abandonment

The Russell Ton C True 1 flow line was removed on 6/28/2018. The entire battery was removed on 6/29/2018.
0512311333

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456676 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**Latitude: 40.107879 Longitude: -104.924927 PDOP: 1.4 Measurement Date: 07/26/2017Equipment at End Point Riser: Separator**Flowline Start Point Location Identification**Location ID: 317686 Location Type: Well Site No Location IDName: ROCKY MTN FUEL CO E-62N67W Number: 30NESECounty: WELDQtr Qtr: NESE Section: 30 Township: 2N Range: 67W Meridian: 6Latitude: 40.107560 Longitude: -104.926180**Flowline Start Point Riser**Latitude: 40.107562 Longitude -104.926169 PDOP: 1.5 Measurement Date: 07/26/2017

:

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: 04/02/1976

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

Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENTDate: 06/28/2018**Description of Abandonment**ROCKY MTN FUEL CO E 1 0512307571**FLOWLINE FACILITY INFORMATION**Flowline Facility ID: 456647 Flowline Type: Wellhead Line Action Type: Abandonment**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**Latitude: 40.107887 Longitude: -104.924938 PDOP: _____ Measurement Date: 07/26/2017Equipment at End Point Riser: Separator**Flowline Start Point Location Identification**Location ID: 336201 Location Type: Well Site No Location IDName: TOM L RUSSELL UNIT 'C'-TRUE-62N67W Number: 30SESECounty: WELDQtr Qtr: SESE Section: 30 Township: 2N Range: 67W Meridian: 6Latitude: 40.105470 Longitude: -104.927470**Flowline Start Point Riser**Latitude: 40.105190 Longitude -104.927301 PDOP: _____ Measurement Date: 07/26/2017

:

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: 12/11/2007 _____
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/28/2018

Description of Abandonment

0512324658 FREDERICK 16-30

OPERATOR COMMENTS AND SUBMITTAL

Comments FREDERICK 16-30 0512324658
RUSSELL TOM C TRUE 1 0512311333
FREDERICK 15-30 0512327279

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

Signed: _____ Date: 08/22/2018 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: _____

Attachment Check List

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

Total Attach: 0 Files