

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION Receive Date: 08/22/2018 Document Number: 401741210

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: 327163 Location Type: Production Facilities Name: STATE DECHANT-62N67W Number: 16SENW County: WELD Qtr Qtr: SENW Section: 16 Township: 2N Range: 67W Meridian: 6 Latitude: 40.141050 Longitude: -104.898820

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456687 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.141432 Longitude: -104.898818 PDOP: 1.5 Measurement Date: 11/27/2017 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330817 Location Type: Well Site [] No Location ID Name: DECHANT STATE V-62N67W Number: 16NESW County: WELD Qtr Qtr: NESW Section: 16 Township: 2N Range: 67W Meridian: 6 Latitude: 40.136920 Longitude: -104.897300

Flowline Start Point Riser

Latitude: 40.136908 Longitude: -104.897277 PDOP: 1.5 Measurement Date: 11/27/2017 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: 10/20/1998
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/27/2018

Description of Abandonment

DECHANT STATE V 16-11 JI 0 512319681
The well head was cut and capped on 6/27/2018. The entire flow line was removed on 7/6/2018.

OPERATOR COMMENTS AND SUBMITTAL

Comments The well head was cut and capped on 6/27/2018. The entire flow line was removed on 7/6/2018.
DECHANT STATE V 16-11 JI 0512319681

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

Att Doc Num	Name

Total Attach: 0 Files