

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

08/23/2018

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 No

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 317944 Location Type: Production Facilities
Name: RATTLER TANK BATTERY Number: 4N-34HZ
County: WELD
Qtr Qtr: SWSW Section: 34 Township: 3N Range: 66W Meridian: 6
Latitude: 40.177300 Longitude: -104.769020

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456620 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.177080 Longitude: -104.768516 PDOP: 1.2 Measurement Date: 06/21/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336174 Location Type: Well Site No Location ID
Name: HSR-ZELDIN-63N66W Number: 34SESW
County: WELD
Qtr Qtr: SESW Section: 34 Township: 3N Range: 66W Meridian: 6
Latitude: 40.176180 Longitude: -104.765580

Flowline Start Point Riser

Latitude: 40.176157 Longitude: -104.765755 PDOP: 1.6 Measurement Date: 06/19/2018
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: 07/31/2008
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/29/2018

Description of Abandonment

The well head was cut and capped on 6/20/2018. The entire flow line was removed on 6/29/2018.
MAYER 35-34 0512325726

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456618 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.177081 Longitude: -104.768510 PDOP: _____ Measurement Date: 06/29/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336174 Location Type: _____ Well Site No Location ID
Name: HSR-ZELDIN-63N66W Number: 34SESW
County: WELD
Qtr Qtr: SESW Section: 34 Township: 3N Range: 66W Meridian: 6
Latitude: 40.176180 Longitude: -104.765580

Flowline Start Point Riser

Latitude: 40.176243 Longitude: -104.765757 PDOP: _____ Measurement Date: 06/29/2018
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: 07/31/2008
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/29/2018

Description of Abandonment

The remaining section of flow line for the Mayer 23-34 has been removed on 6/29/2018 while working on another job.
MAYER 23-34 0512325853

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: 08/23/2018 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