

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:

08/23/2018

Document Number:

401742071

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: 327359 Location Type: Production Facilities
Name: BALLANTYNE USX WW-61N66W Number: 1NENE
County: WELD
Qtr Qtr: NENE Section: 1 Township: 1N Range: 66W Meridian: 6
Latitude: 40.084085 Longitude: -104.720208

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456617 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.084375 Longitude: -104.720676 PDOP: 1.6 Measurement Date: 05/30/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327359 Location Type: Well Site ☐ No Location ID
Name: BALLANTYNE USX WW-61N66W Number: 1NENE
County: WELD
Qtr Qtr: NENE Section: 1 Township: 1N Range: 66W Meridian: 6
Latitude: 40.084085 Longitude: -104.720208

Flowline Start Point Riser

Latitude: 40.084091 Longitude: -104.720194 PDOP: 1.3 Measurement Date: 05/30/2018
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: 10/09/1990
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/25/2018

Description of Abandonment

The Ballantyne USX WW 1-1 P&A is complete. The well head was cut and capped on 6/11/2018. The flow line was removed on 6/25/2018. A 30 foot section has been left in place in the berm that runs below separators. Both ends have been cut below ground and located with a marker ball and carsonite marker.
BALLANTYNE USX WW 1-1 0512314559

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456616 Flowline Type: Wellhead Line Action Type: Abandonment

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

Latitude: 40.084384 Longitude: -104.720672 PDOP: 1.7 Measurement Date: 05/30/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336353 Location Type: Well Site ☐ No Location ID
Name: BALLANTYNE-61N66W Number: 1NWNE
County: WELD
Qtr Qtr: NWNE Section: 1 Township: 1N Range: 66W Meridian: 6
Latitude: 40.086180 Longitude: -104.722400

Flowline Start Point Riser

Latitude: 40.086181 Longitude: -104.722365 PDOP: 1.7 Measurement Date: 05/30/2018
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: 07/28/2005
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/25/2018

Description of Abandonment

BALLANTYNE 31-1 0512322904
The Ballantyne 31-1 P&A is complete. The well head was cut and capped on 6/12/2018. The flow line was removed on 6/25/2018. A 30 foot section has been left in place in the berm that runs below separators. Both ends have been cut below ground and located with a marker ball and carsonite marker.

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

Att Doc Num	Name
401742099	LAYOUT DRAWING-ACTUAL
401742101	LAYOUT DRAWING-ACTUAL
401742114	LAYOUT DRAWING-ACTUAL

Total Attach: 3 Files