

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date: 08/27/2018

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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 [X] No [ ]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: Location Type: Production Facilities
Name: VERN HAGANS UNIT-62N66W Number: 12SWSW
County: WELD
Qtr Qtr: SWSW Section: 12 Township: 2N Range: 66W Meridian: 6
Latitude: 40.148530 Longitude: -104.731935

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.148530 Longitude: -104.731935 PDOP: 1.3 Measurement Date: 05/08/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317837 Location Type: Well Site [ ] No Location ID
Name: VERN HAGANS UNIT-62N66W Number: 12SWSW
County: WELD
Qtr Qtr: SWSW Section: 12 Township: 2N Range: 66W Meridian: 6
Latitude: 40.148460 Longitude: -104.731320

Flowline Start Point Riser

Latitude: 40.148458 Longitude: -104.731335 PDOP: 1.3 Measurement Date: 05/09/2018
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: 01/01/1999  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**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: 08/27/2018 Email: Candice.Barber@Anadarko.com

Print Name: Candice Barber Title: Sr 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