

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:

08/29/2018

Document Number:

401730565

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: Mike Holle
Company Name: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 9296639
Address: P O BOX 173779 Email: mike.holle@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: Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.141438 Longitude: -104.898830 PDOP: 1.2 Measurement Date: 12/27/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 406308 Location Type: Well Site [] No Location ID
Name: STANLEY-62N67W Number: 16SWNE
County: WELD
Qtr Qtr: SWNE Section: 16 Township: 2N Range: 67W Meridian: 6
Latitude: 40.140057 Longitude: -104.902724

Flowline Start Point Riser

Latitude: 40.139847 Longitude: -104.903161 PDOP: 1.3 Measurement Date: 12/27/2017
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: 09/08/2000
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments The Dechant State V 16-5JI P&A is complete. The well head was cut and capped on 7/10/2018. The entire flow line was removed on 7/29/2018.
DECHANT STATE V 16-5JI
FLOWLINE DECHANT ST V 16-5JI

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 08/29/2018 Email: mike.holle@anadarko.com

Print Name: Mike Holle Title: Spatial Data 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