

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:

401736057

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: 424736 Location Type: Production Facilities
Name: OVERLOOK TANK BATTERY Number: 27-30
County: WELD
Qtr Qtr: SENE Section: 30 Township: 2N Range: 67W Meridian: 6
Latitude: 40.112818 Longitude: -104.924919

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 457303 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.113029 Longitude: -104.924753 PDOP: 1.4 Measurement Date: 07/25/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 311278 Location Type: Well Site [] No Location ID
Name: OVERLOOK Number: 27-30
County: WELD
Qtr Qtr: NENE Section: 30 Township: 2N Range: 67W Meridian: 6
Latitude: 40.115039 Longitude: -104.926088

Flowline Start Point Riser

Latitude: 40.115229 Longitude: -104.925810 PDOP: 1.6 Measurement Date: 07/25/2017
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: 09/14/2001
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____


OPERATOR COMMENTS AND SUBMITTAL

Comments The HSR-RUSSELL 1-30A P&A is complete. The well head was cut and capped on 7/31/2018. The entire flow line removal was completed on 8/9/2018.
HSR-RUSSELL 1-30A
FL-HSR-RUSSELL 1-30A

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: 9/14/2018

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401736057	Form44 Submitted

Total Attach: 1 Files