

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:

09/28/2018

Document Number:

401757844

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: 336097 Location Type: Production Facilities
Name: ANDERSON FAMILY TRUST C-63N68W Number: 34SWNE
County: WELD
Qtr Qtr: SWNE Section: 34 Township: 3N Range: 68W Meridian: 6
Latitude: 40.185500 Longitude: -104.984780

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.185316 Longitude: -104.984458 PDOP: Measurement Date: 10/03/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 311501 Location Type: Well Site [] No Location ID
Name: WATERFRONT-63N68W Number: 34SWNE
County: WELD
Qtr Qtr: SWNE Section: 34 Township: 3N Range: 68W Meridian: 6
Latitude: 40.185628 Longitude: -104.984828

Flowline Start Point Riser

Latitude: 40.185635 Longitude: -104.984827 PDOP: Measurement Date: 10/03/2017
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: 11/14/2008
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

The entire flow line for this well was removed during other work activities on 8/30/2018 WATERFRONT 8-34 05-123-25727 FL-WATERFRONT 8-34

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 09/28/2018 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
401757844	Form44 Submitted
401757864	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files