

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:

09/10/2018

Document Number:

401758013

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: 40.185291 Longitude: -104.984520 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: 40.185626 Longitude: -104.985038 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 21-34 05-123-25788 FL-WATERFRONT 21-34
--

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.  
Signed: \_\_\_\_\_ Date: 09/10/2018 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**

<b>Att Doc Num</b>	<b>Name</b>
401758014	FLOWLINE LAYOUT DRAWING

Total Attach: 1 Files