

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

06/08/2018

Document Number:

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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: KRISTINA GENO
Company Name: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6824
Address: P O BOX 173779 Email: kristina.geno@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: 457791 Location Type: Well Site
Name: HSR-KATZEN-63N66W Number: 1SESE
County: WELD
Qtr Qtr: SESE Section: 1 Township: 3N Range: 66W Meridian: 6
Latitude: 40.249467 Longitude: -104.716156

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 457792 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.249467 Longitude: -104.716156 PDOP: 1.6 Measurement Date: 04/09/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336691 Location Type: Production Facilities [] No Location ID
Name: HSR-KATZEN-63N66W Number: 1SESE
County: WELD
Qtr Qtr: SESE Section: 1 Township: 3N Range: 66W Meridian: 6
Latitude: 40.248600 Longitude: -104.717640

Flowline Start Point Riser

Latitude: 40.248604 Longitude: -104.717627 PDOP: 1.3 Measurement Date: 04/09/2018
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: 08/13/1991
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____


OPERATOR COMMENTS AND SUBMITTAL

Comments Well was cut and capped on 4/27/2018. The flowline was abandoned in place until the fall of October 2021 when crops are changed out per the landowner request.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 06/08/2018 Email: kristina.geno@anadarko.com

Print Name: KRISTINA GENO Title: 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: 10/5/2018

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files