

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

09/21/2018

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: 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: 331890 Location Type: Production Facilities
Name: JESSER Number: 31-2
County: WELD
Qtr Qtr: NWNW Section: 2 Township: 1N Range: 66W Meridian: 6
Latitude: 40.084210 Longitude: -104.749680

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456876 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.084058 Longitude: -104.749709 PDOP: 1.3 Measurement Date: 11/27/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331890 Location Type: Production Facilities [] No Location ID
Name: JESSER Number: 31-2
County: WELD
Qtr Qtr: NWNW Section: 2 Township: 1N Range: 66W Meridian: 6
Latitude: 40.084210 Longitude: -104.749680

Flowline Start Point Riser

Latitude: 40.084074 Longitude: -104.749667 PDOP: 1.3 Measurement Date: 11/27/2017
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: 06/04/2012
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 07/16/2018

Description of Abandonment

The pumping unit was moved, and the well head was cut and capped on 6/18/2018. The flow line was left in place (shared with the Brown 6-2S.)
The BROWN 6-2S well head was cut and capped on 6/19/2018. The Brown 6-2S and Brown 3-2S Flow lines were removed on 7/16/2018. The entire battery removal was completed on 7/16/2018.
BROWN 3-2S

OPERATOR COMMENTS AND SUBMITTAL

Comments The well head was cut and capped on 6/19/2018. The Flow line was removed on 7/16/2018. The entire battery removal was completed on 7/16/2018.
BROWN 3-2S

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 09/21/2018 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