

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

07/03/2018

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: CANDICE BARBER
Company Name: KERR MCGEE OIL & GAS ONSHORE LP Phone: (970) 515-1671
Address: P O BOX 173779 Email: CANDICE.BARBER@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 ☒ No ☐

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 458255 Location Type: Production Facilities
Name: HSR-STARCK-64N67W Number: 18NWSW
County: WELD
Qtr Qtr: NWSW Section: 18 Township: 4N Range: 67W Meridian: 6
Latitude: 40.306703 Longitude: -104.938425

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458304 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.306703 Longitude: -104.938425 PDOP: 1.4 Measurement Date: 01/02/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331340 Location Type: Production Facilities ☐ No Location ID
Name: HSR-STARCK-64N67W Number: 18NWSW
County: WELD
Qtr Qtr: NWSW Section: 18 Township: 4N Range: 67W Meridian: 6
Latitude: 40.312410 Longitude: -104.938730

Flowline Start Point Riser

Latitude: 40.312404 Longitude: -104.938733 PDOP: 1.9 Measurement Date: 01/02/2018
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: 10/25/2001
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

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

Signed: _____ Date: 07/03/2018 Email: CANDICE.BARBER@ANADARKO.COM

Print Name: CANDICE BARBER 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: 10/26/2018

Attachment Check List**Att Doc Num****Name**

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Total Attach: 0 Files