

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:

10/05/2018

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: 429565 Location Type: Production Facilities
Name: VAN PORTFLIET TANK BATTERY Number: 35C-W3HZ
County: WELD
Qtr Qtr: SWSW Section: 10 Township: 2N Range: 65W Meridian: 6
Latitude: 40.147203 Longitude: -104.659244

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.146936 Longitude: -104.659805 PDOP: 1.2 Measurement Date: 08/28/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332180 Location Type: Well Site [] No Location ID
Name: THOMASON-62N65W Number: 9NWSE
County: WELD
Qtr Qtr: NWSE Section: 9 Township: 2N Range: 65W Meridian: 6
Latitude: 40.151250 Longitude: -104.666680

Flowline Start Point Riser

Latitude: 40.151889 Longitude: -104.667199 PDOP: 1.3 Measurement Date: 08/27/2018
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: 04/25/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments The Thomason 10-9A P&A is complete. The well head was cut and capped on 8/29/2018. A large section of flow line was removed on 9/1/2018. The remaining section will stay in place until the rest of the vertical wells are plugged going into this facility.
THOMASON 10-9A 05-123-21939 FL-THOMASON 10-9A

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 10/05/2018 Email: mike.holle@anadarko.com
Print Name: Mike Holle Title: SDA

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