

State of Colorado
Oil and Gas Conservation Commission

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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: 458247 Location Type: Production Facilities
Name: LOVELY-61N68W Number: 15SWSE
County: WELD
Qtr Qtr: SWSE Section: 15 Township: 1N Range: 68W Meridian: 6
Latitude: 40.047273 Longitude: -104.983282

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458336 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.047273 Longitude: -104.983282 PDOP: 2.1 Measurement Date: 09/08/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305250 Location Type: Well Site No Location ID
Name: LOVELY-61N68W Number: 15SWSE
County: WELD
Qtr Qtr: SWSE Section: 15 Township: 1N Range: 68W Meridian: 6
Latitude: 40.045520 Longitude: -104.987930

Flowline Start Point Riser

Latitude: 40.045505 Longitude: -104.987918 PDOP: 1.4 Measurement Date: 09/08/2017
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: 04/04/2005
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

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

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files