

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

08/28/2018

Document Number:

401726246

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: 409555 Location Type: Production Facilities
Name: HSR-AMATO-61N66W Number: 1NWNW
County: WELD
Qtr Qtr: NWNW Section: 1 Township: 1N Range: 66W Meridian: 6
Latitude: 40.086768 Longitude: -104.734428

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458381 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.087179 Longitude: -104.734722 PDOP: 1.2 Measurement Date: 06/14/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 309995 Location Type: Well Site [] No Location ID
Name: AMATO WW-61N66W Number: 1NENW
County: WELD
Qtr Qtr: NENW Section: 1 Township: 1N Range: 66W Meridian: 6
Latitude: 40.084181 Longitude: -104.729206

Flowline Start Point Riser

Latitude: 40.084174 Longitude: -104.729222 PDOP: 1.3 Measurement Date: 06/14/2018
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: 12/31/2008
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____


OPERATOR COMMENTS AND SUBMITTAL

Comments The Amato WW 1-19 P&A is complete. The well head was cut and capped on 7/18/2018. The entire flow line was removed on 8/1/2018
FL-AMATO USX WW 1-19

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 08/28/2018 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: 10/26/2018

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401726246	Form44 Submitted

Total Attach: 1 Files