

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

08/23/2018

Document Number:

401741774

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: 331620 Location Type: Production Facilities
Name: DRY CREEK Number: 21-35
County: WELD
Qtr Qtr: SENW Section: 35 Township: 1N Range: 67W Meridian: 6
Latitude: 40.008883 Longitude: -104.859408

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456641 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.009374 Longitude: -104.858955 PDOP: 2.1 Measurement Date: 06/29/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331620 Location Type: Well Site No Location ID
Name: DRY CREEK Number: 21-35
County: WELD
Qtr Qtr: SENW Section: 35 Township: 1N Range: 67W Meridian: 6
Latitude: 40.008883 Longitude: -104.859408

Flowline Start Point Riser

Latitude: 40.008997 Longitude: -104.859513 PDOP: 1.9 Measurement Date: 06/23/2018
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: 05/17/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 07/02/2018

Description of Abandonment

DRY CREEK 3-35 0512331100

The well head was cut and capped on 6/29/2018. The entire flow line was removed on 7/2/2018.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456628 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.009366 Longitude: -104.858882 PDOP: _____ Measurement Date: 05/20/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331620 Location Type: _____ Well Site No Location ID

Name: DRY CREEK Number: 21-35

County: WELD

Qtr Qtr: SENW Section: 35 Township: 1N Range: 67W Meridian: 6

Latitude: 40.008883 Longitude: -104.859408

Flowline Start Point Riser

Latitude: 40.009011 Longitude: -104.859460 PDOP: _____ Measurement Date: 06/01/2017

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: 04/01/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 07/02/2018

Description of Abandonment

The entire flow line was removed during another job on location on 7/2/2018.

DRY CREEK 21-35 0512331104

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456621 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point RiserLatitude: 40.009366 Longitude: -104.858882 PDOP: _____ Measurement Date: 05/20/2017Equipment at End Point Riser: Separator**Flowline Start Point Location Identification**Location ID: 331620 Location Type: _____ Well Site No Location IDName: DRY CREEK Number: 21-35County: WELDQtr Qtr: SENW Section: 35 Township: 1N Range: 67W Meridian: 6Latitude: 40.008883 Longitude: -104.859408**Flowline Start Point Riser**Latitude: 40.009011 Longitude -104.859460 PDOP: _____ Measurement Date: 05/28/2017Equipment at Start Point Riser: Well**Flowline Description and Testing**

Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____

Bedding Material: _____ Date Construction Completed: 11/11/2011

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENTDate: 07/02/2018**Description of Abandonment**The entire flow line was removed during another job on location on 7/2/2018.
DRY CREEK 21-35 0512331104**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: 08/23/2018 Email: CANDICE.BARBER@ANADARKO.COMPrint 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**

401741774	Form44 Submitted
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Total Attach: 1 Files