

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:

401786054

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: Location Type: Production Facilities
Name: AMATO-61N66W TANK Number: 1SEW
County: WELD
Qtr Qtr: SENW Section: 1 Township: 1N Range: 66W Meridian: 6
Latitude: 40.080617 Longitude: -104.727756

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.080616 Longitude: -104.727763 PDOP: 2.0 Measurement Date: 12/11/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305399 Location Type: Well Site [] No Location ID
Name: AMATO-61N66W Number: 1SEW
County: WELD
Qtr Qtr: SENW Section: 1 Township: 1N Range: 66W Meridian: 6
Latitude: 40.081560 Longitude: -104.728523

Flowline Start Point Riser

Latitude: 40.081558 Longitude: -104.728485 PDOP: 1.5 Measurement Date: 12/11/2017
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: 10/11/2005
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.080617 Longitude: -104.727756 PDOP: 1.2 Measurement Date: 12/13/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 306073 Location Type: Well Site No Location ID
Name: AMATO-61N66W Number: 1SWNW
County: WELD
Qtr Qtr: SWNW Section: 1 Township: 1N Range: 66W Meridian: 6
Latitude: 40.082587 Longitude: -104.733159

Flowline Start Point Riser

Latitude: 40.082592 Longitude: -104.733135 PDOP: 2.0 Measurement Date: 12/13/2017
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: 08/12/2006
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments The Amato 12-1 P&A is complete. The well head was cut and capped on 9/10/2018. The entire flow line was removed on 9/18/2018.
AMATO 12-1 05-123-23949 FL-AMATO 12-1
The Amato 22-1 P&A is complete. The well head was cut and capped on 9/11/2018. The entire flow line was removed on 9/13/2018. The entire tank battery was removed on 9/12/2018.
AMATO 22-1 05-123-22916 FL-AMATO 22-1

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

Att Doc Num	Name

Total Attach: 0 Files