

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

10/12/2018

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 ☒ No ☐

OFF LOCATION FLOWLINE**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 306343 Location Type: Production Facilities
Name: STATE-61N68W Number: 16SWNW
County: WELD
Qtr Qtr: SWNW Section: 16 Township: 1N Range: 68W Meridian: 6
Latitude: 40.054211 Longitude: -105.014603

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 457572 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.053345 Longitude: -105.014672 PDOP: 1.5 Measurement Date: 09/13/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 306343 Location Type: Well Site ☐ No Location ID
Name: STATE-61N68W Number: 16SWNW
County: WELD
Qtr Qtr: SWNW Section: 16 Township: 1N Range: 68W Meridian: 6
Latitude: 40.054211 Longitude: -105.014603

Flowline Start Point Riser

Latitude: 40.054210 Longitude: -105.014610 PDOP: 1.3 Measurement Date: 09/13/2017
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: 05/11/2009
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 08/30/2018

Description of Abandonment

The State 5-16 P&A is complete. The well head was cut and capped on 8/30/2018 and the entire flow line was removed on 8/30/2018.
STATE 5-16 05-123-24481 FL STATE 5-16

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 457707 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.053376 Longitude: -105.014712 PDOP: 1.3 Measurement Date: 09/13/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 306343 Location Type: Well Site ☐ No Location ID
Name: STATE-61N68W Number: 16SWNW
County: WELD
Qtr Qtr: SWNW Section: 16 Township: 1N Range: 68W Meridian: 6
Latitude: 40.054211 Longitude: -105.014603

Flowline Start Point Riser

Latitude: 40.054328 Longitude: -105.014538 PDOP: 1.4 Measurement Date: 09/13/2017
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: 05/11/2009
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 08/31/2018

Description of Abandonment

The State 6-16 P&A is complete. The well head was cut and capped on 8/31/2018. The flow line was removed on 8/31/2018.
STATE 6-16 05-123-29114 STATE 6-16 (DIR) FLOW LINE

FLOWLINE FACILITY INFORMATIONFlowline Facility ID: 457573 Flowline Type: Wellhead Line Action Type: Abandonment**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**Latitude: 40.053353 Longitude: -105.014688 PDOP: 1.3 Measurement Date: 09/13/2017
Equipment at End Point Riser: Separator**Flowline Start Point Location Identification**Location ID: 306343 Location Type: Well Site ☐ No Location ID
Name: STATE-61N68W Number: 16SWNW
County: WELD
Qtr Qtr: SWNW Section: 16 Township: 1N Range: 68W Meridian: 6
Latitude: 40.054211 Longitude: -105.014603**Flowline Start Point Riser**Latitude: 40.054248 Longitude: -105.014587 PDOP: 1.4 Measurement Date: 09/20/2017
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: 07/17/2009
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____**OFF LOCATION FLOWLINE ABANDONMENT**Date: 08/30/2018**Description of Abandonment**

The State 32-16 P&A is complete. The well head was cut and capped on 8/30/2018. The entire flow line was removed on 8/30/2018.
STATE 32-16 05-123-29116 STATE 32-16 (DIR) FLOW LINE

OPERATOR COMMENTS AND SUBMITTAL

Comments

The State 6-16 P&A is complete. The well head was cut and capped on 8/31/2018. The flow line was removed on 8/31/2018.
STATE 6-16 05-123-29114 STATE 6-16 (DIR) FLOW LINE

The State 32-16 P&A is complete. The well head was cut and capped on 8/30/2018. The entire flow line was removed on 8/30/2018.
STATE 32-16 05-123-29116 STATE 32-16 (DIR) FLOW LINE

The State 5-16 P&A is complete. The well head was cut and capped on 8/30/2018 and the entire flow line was removed on 8/30/2018.
STATE 5-16 05-123-24481 FL STATE 5-16

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 10/12/2018 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

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Total Attach: 0 Files