

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:

401794645

## 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 INFORMATION**Flowline 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: 09/13/2017Equipment at End Point Riser: Separator**Flowline Start Point Location Identification**Location ID: 306343 Location Type: Well Site ☐ No Location IDName: STATE-61N68W Number: 16SWNWCounty: WELDQtr Qtr: SWNW Section: 16 Township: 1N Range: 68W Meridian: 6Latitude: 40.054211 Longitude: -105.014603**Flowline Start Point Riser**Latitude: 40.054248 Longitude: -105.014587 PDOP: 1.4 Measurement Date: 09/20/2017Equipment at Start Point Riser: Well**Flowline Description and Testing**

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

Bedding Material: \_\_\_\_\_ Date Construction Completed: 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: 10/30/2018

### **Attachment Check List**

**Att Doc Num**

**Name**

401794645

Form44 Submitted

Total Attach: 1 Files