

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

10/18/2018

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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: Location Type: Production Facilities
Name: THOMPSON-64N66W Number: 6NESE
County: WELD
Qtr Qtr: NESE Section: 6 Township: 3N Range: 66W Meridian: 6
Latitude: 40.253574 Longitude: -104.816656

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.253574 Longitude: -104.816656 PDOP: 1.3 Measurement Date: 01/20/2018
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 329082 Location Type: Well Site [] No Location ID
Name: THOMPSON-63N66W Number: 6NESE
County: WELD
Qtr Qtr: NESE Section: 6 Township: 3N Range: 66W Meridian: 6
Latitude: 40.252053 Longitude: -104.813631

Flowline Start Point Riser

Latitude: 40.252067 Longitude: -104.813644 PDOP: Measurement Date: 08/15/2018
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: 05/01/2004
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

The Thompson 43-6 P&A is complete. The well head was cut and capped on 8/15/2018. The entire flow line was removed on 9/19/2018. THOMPSON 43-6 05-123-16844 FL-THOMPSON 43-6

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 10/18/2018 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

Total Attach: 0 Files