

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

10/26/2018

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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: 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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 458295 Location Type: Production Facilities
Name: WARNER-62N66W Number: 14SESE
County: WELD
Qtr Qtr: SESE Section: 14 Township: 2N Range: 66W Meridian: 6
Latitude: 40.131233 Longitude: -104.741774

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458314 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.131233 Longitude: -104.741774 PDOP: 1.3 Measurement Date: 02/12/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332295 Location Type: Well Site [] No Location ID
Name: WARNER-62N66W Number: 14SESE
County: WELD
Qtr Qtr: SESE Section: 14 Township: 2N Range: 66W Meridian: 6
Latitude: 40.132830 Longitude: -104.737240

Flowline Start Point Riser

Latitude: 40.132821 Longitude: -104.737254 PDOP: 1.3 Measurement Date: 02/12/2018
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: 04/01/2004
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 05/24/2018

Description of Abandonment

WARNER 16-14 05-123-22103
C&C 5/15/2018, flowline removed 5/24/2018

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: 10/26/2018 Email: CANDICE.BARBER@ANADARKO.COM
Print 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: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files