

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: 10/26/2018

Document Number: 401811504

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: 458245 Location Type: Production Facilities
Name: CLEVELAND-62N67W Number: 28NWNW
County: WELD
Qtr Qtr: NWNW Section: 28 Township: 2N Range: 67W Meridian: 6
Latitude: 40.116202 Longitude: -104.901417

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458277 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.116202 Longitude: -104.901417 PDOP: Measurement Date: 05/30/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332926 Location Type: Well Site [] No Location ID
Name: CLEVELAND-62N67W Number: 28NWNW
County: WELD
Qtr Qtr: NWNW Section: 28 Township: 2N Range: 67W Meridian: 6
Latitude: 40.114680 Longitude: -104.903330

Flowline Start Point Riser

Latitude: 40.114553 Longitude: -104.902822 PDOP: Measurement Date: 05/31/2018
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: 04/12/2005
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/27/2018

Description of Abandonment

The Heisman V 28-4 P&A is complete. The well head was cut and capped on 6/11/2018. The entire flow line was removed on 6/27/2018.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458335 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.116202 Longitude: -104.901417 PDOP: _____ Measurement Date: 05/30/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 306033 Location Type: _____ Well Site No Location ID
Name: HEISMAN V-62N67W Number: 28NENW
County: WELD
Qtr Qtr: NENW Section: 28 Township: 2N Range: 67W Meridian: 6
Latitude: 40.113205 Longitude: -104.900214

Flowline Start Point Riser

Latitude: 40.113204 Longitude: -104.900216 PDOP: _____ Measurement Date: 05/31/2018
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: 01/04/2007
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/27/2018

Description of Abandonment

HEISMAN V 28-19 05-123-23887
The well head was cut and capped on 6/11/2018. The entire flow line was removed on 6/27/2018.

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

<u>Att Doc Num</u>	<u>Name</u>
---------------------------	--------------------

--	--

Total Attach: 0 Files