

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:

11/02/2018

Document Number:

401823145

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: 426576 Location Type: Production Facilities
Name: RICE TANK BATTERY Number: 2C-33HZ
County: WELD
Qtr Qtr: NWSE Section: 33 Township: 3N Range: 66W Meridian: 6
Latitude: 40.178413 Longitude: -104.779809

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459303 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.178427 Longitude: -104.779929 PDOP: 1.5 Measurement Date: 06/11/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330051 Location Type: Well Site ☐ No Location ID
Name: HSR-PAUL SCHMIDT-63N66W Number: 33SESE
County: WELD
Qtr Qtr: SESE Section: 33 Township: 3N Range: 66W Meridian: 6
Latitude: 40.176110 Longitude: -104.775090

Flowline Start Point Riser

Latitude: 40.176113 Longitude: -104.775092 PDOP: 1.4 Measurement Date: 06/11/2018
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: 07/30/2009
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments The HSR-Paul Schmidt P&A is complete. The well head was cut and capped on 10/1/2018. The entire flow line was removed on 9/24/2018.
HSR-PAUL SCHMIDT 16-33 05-123-18274 FL-HSR-PAUL SCHMIDT 16-33A

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 11/02/2018 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: 11/29/2018

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401823145	Form44 Submitted

Total Attach: 1 Files