

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
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OGCC RECEPTION

Receive Date:

11/06/2018

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: 429565 Location Type: Production Facilities  
Name: VAN PORTFLIET TANK BATTERY Number: 35C-W3HZ  
County: WELD  
Qtr Qtr: SWSW Section: 10 Township: 2N Range: 65W Meridian: 6  
Latitude: 40.147203 Longitude: -104.659244

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.146920 Longitude: -104.659742 PDOP: 1.4 Measurement Date: 09/26/2018  
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 419956 Location Type: Well Site [ ] No Location ID  
Name: THOMASON Number: 37N-E4HZ  
County: WELD  
Qtr Qtr: SESE Section: 9 Township: 2N Range: 65W Meridian: 6  
Latitude: 40.146790 Longitude: -104.660771

Flowline Start Point Riser

Latitude: 40.146685 Longitude: -104.660232 PDOP: 1.3 Measurement Date: 09/26/2018  
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: 07/19/2011  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

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

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.146933 Longitude: -104.659735 PDOP: 1.2 Measurement Date: 09/26/2018  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 419956 Location Type: Well Site  No Location ID  
Name: THOMASON Number: 37N-E4HZ  
County: WELD  
Qtr Qtr: SESE Section: 9 Township: 2N Range: 65W Meridian: 6  
Latitude: 40.146790 Longitude: -104.660771

**Flowline Start Point Riser**

Latitude: 40.146682 Longitude: -104.660350 PDOP: 1.4 Measurement Date: 09/26/2018  
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: 07/19/2011  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

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

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.146927 Longitude: -104.659737 PDOP: 1.4 Measurement Date: 09/26/2018  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 419956 Location Type: Well Site  No Location ID  
Name: THOMASON Number: 37N-E4HZ  
County: WELD  
Qtr Qtr: SESE Section: 9 Township: 2N Range: 65W Meridian: 6  
Latitude: 40.146790 Longitude: -104.660771

**Flowline Start Point Riser**

Latitude: 40.146684 Longitude -104.660285 PDOP: 1.4 Measurement Date: 09/26/2018

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: 07/19/2011  
Maximum Anticipated Operating Pressure (PSI): Testing PSI:  
Test Date:

**FLOWLINE FACILITY INFORMATION**

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

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.146943 Longitude: -104.659740 PDOP: 1.3 Measurement Date: 09/26/2018  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 419956 Location Type: Well Site  No Location ID  
Name: THOMASON Number: 37N-E4HZ  
County: WELD  
Qtr Qtr: SESE Section: 9 Township: 2N Range: 65W Meridian: 6  
Latitude: 40.146790 Longitude: -104.660771

**Flowline Start Point Riser**

Latitude: 40.146682 Longitude -104.660401 PDOP: 1.3 Measurement Date: 09/26/2018  
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: 07/19/2011  
Maximum Anticipated Operating Pressure (PSI): Testing PSI:  
Test Date:

**OPERATOR COMMENTS AND SUBMITTAL**

Comments

The Thomason 38-9 P&A is complete. The well head was cut and capped on 9/26/2018. The entire flow line was removed on 10/8/2018  
THOMASON 38-9 05-123-32389 FL-THOMASON 38-9  
  
The Thomason 16-9 P&A is complete. The well head was cut and capped on 9/26/2018. The entire flow line was removed on 10/8/2018.  
THOMASON 16-9 05-123-32416 FL-THOMASON 16-9  
  
The Thomason 39-9 P&A is complete. The well head was cut and capped on 9/26/2018. The entire flow line and separator was removed on 10/8/2018.  
THOMASON 39-9 05-123-32381 FL-THOMASON 39-9  
  
The Thomason 37-9 P&A is complete. The well head was cut and capped on 9/26/2018. The entire flow line was removed on 10/8/2018.  
THOMASON 37-9 05-123-32380 FL-THOMASON 37-9

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: \_\_\_\_\_ Date: 11/06/2018 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**

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

Total Attach: 0 Files