

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:

11/06/2018

Document Number:

401828859

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: 317944 Location Type: Production Facilities
Name: RATTLER TANK BATTERY Number: 4N-34HZ
County: WELD
Qtr Qtr: SWSW Section: 34 Township: 3N Range: 66W Meridian: 6
Latitude: 40.177300 Longitude: -104.769020

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.177127 Longitude: -104.768523 PDOP: 1.4 Measurement Date: 08/28/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336127 Location Type: Well Site [] No Location ID
Name: HSR-MADELINE MAYER-63N66W Number: 34NWSW
County: WELD
Qtr Qtr: NWSW Section: 34 Township: 3N Range: 66W Meridian: 6
Latitude: 40.179642 Longitude: -104.770390

Flowline Start Point Riser

Latitude: 40.179615 Longitude: -104.770376 PDOP: 1.5 Measurement Date: 08/27/2018
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: 07/30/2008
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: 40.177180 Longitude: -104.768484 PDOP: 1.8 Measurement Date: 08/28/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331958 Location Type: Well Site No Location ID
Name: RATTLER Number: 34N-3HZ
County: WELD
Qtr Qtr: SWSW Section: 34 Township: 3N Range: 66W Meridian: 6
Latitude: 40.175480 Longitude: -104.771060

Flowline Start Point Riser

Latitude: 40.175495 Longitude: -104.771074 PDOP: 1.8 Measurement Date: 08/27/2018
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: 07/12/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments The Mayer 13-34 P&A is complete. The well head was cut and capped on 10/10/2018. The entire flow line was removed on 10/12/2018.
MAYER 13-34 05-123-21627 FL MAYER 13-34

The Mayer 33-34 P&A is complete. The well head was cut and capped on 10/1/2018. The entire flow line was removed on 10/12/2018.
MAYER 33-34 05-123-25668 FL-MAYER 33-34

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

Att Doc Num	Name

Total Attach: 0 Files