

State of Colorado  
Oil and Gas Conservation Commission

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OGCC RECEPTION  
Receive Date:  
07/09/2018  
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: 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  No

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION  
Location ID: 327359 Location Type: Production Facilities  
Name: BALLANTYNE USX WW-61N66W Number: 1NENE  
County: WELD  
Qtr Qtr: NENE Section: 1 Township: 1N Range: 66W Meridian: 6  
Latitude: 40.084085 Longitude: -104.720208

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459690 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.084386 Longitude: -104.720714 PDOP: 1.9 Measurement Date: 05/30/2018  
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 306072 Location Type: Well Site  No Location ID  
Name: BALLANTYNE-61N66W Number: 1SWNE  
County: WELD  
Qtr Qtr: SWNE Section: 1 Township: 1N Range: 66W Meridian: 6  
Latitude: 40.082568 Longitude: -104.722487

Flowline Start Point Riser

Latitude: 40.082571 Longitude: -104.722500 PDOP: 4.8 Measurement Date: 05/30/2018  
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: 07/12/2006  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_


**OPERATOR COMMENTS AND SUBMITTAL**

Comments The well head was cut and capped on 6/11/2018. The flow line was removed on 6/25/2018. A 30 foot section has been left in place in the berm that runs below separators. Both ends have been cut below ground and located with a marker ball and carsonite marker.  
BALLANTYNE 32-1

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.  
Signed: \_\_\_\_\_ Date: 07/09/2018 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: 12/11/2018

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files