

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

08/28/2018

Document Number:

401745922

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: 459259 Location Type: Production Facilities
Name: RIVERBEND 10-12 Number: 12NWSE
County: WELD
Qtr Qtr: NWSE Section: 12 Township: 1N Range: 67W Meridian: 6
Latitude: 40.064802 Longitude: -104.838710

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459698 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.064802 Longitude: -104.838710 PDOP: 1.5 Measurement Date: 07/14/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 418845 Location Type: Well Site [] No Location ID
Name: RIVERBEND Number: 25-12
County: WELD
Qtr Qtr: NWSE Section: 12 Township: 1N Range: 67W Meridian: 6
Latitude: 40.064967 Longitude: -104.837339

Flowline Start Point Riser

Latitude: 40.064965 Longitude: -104.837586 PDOP: 1.6 Measurement Date: 07/14/2017
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: 03/03/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____


OPERATOR COMMENTS AND SUBMITTAL

Comments The well head was cut and capped on 7/10/2018. The entire flow line was removed on 7/10/2018.
RIVERBEND 10-12 0512332034 FLOWLINE RIVERBEND 10-12

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 08/28/2018 Email: mike.holle@anadarko.com

Print Name: Mike Holle Title: Spatial Data 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

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

Total Attach: 0 Files