

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:

08/01/2018

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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 ☒ No ☐

## OFF LOCATION FLOWLINE

## FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 418845 Location Type: Production Facilities  
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 FACILITY INFORMATION

Flowline Facility ID: 459699 Flowline Type: Wellhead Line Action Type: Registration

## OFF LOCATION FLOWLINE REGISTRATION

## Flowline End Point Riser

Latitude: 40.064798 Longitude: -104.838729 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: -104.837526 PDOP: 1.7 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: 03/01/2011  
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.  
FLOWLINE RIVERBEND 39-12

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

Signed: \_\_\_\_\_ Date: 08/01/2018 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****Att Doc Num****Name**

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Total Attach: 0 Files