

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:

08/29/2018

Document Number:

401730461

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: 459256 Location Type: Well Site
Name: HSR-AILAND-61N63W Number: 24NWNE
County: WELD
Qtr Qtr: NWNE Section: 24 Township: 1N Range: 63W Meridian: 6
Latitude: 40.043891 Longitude: -104.381196

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459710 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.043891 Longitude: -104.381196 PDOP: 1.5 Measurement Date: 08/05/2017
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 330676 Location Type: Well Site ☐ No Location ID
Name: HSR-AILAND-61N63W Number: 24SENE
County: WELD
Qtr Qtr: SENE Section: 24 Township: 1N Range: 63W Meridian: 6
Latitude: 40.039254 Longitude: -104.378802

Flowline Start Point Riser

Latitude: 40.039265 Longitude: -104.378793 PDOP: 1.6 Measurement Date: 08/05/2017
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: 09/26/1997
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments The HSR-Ailand 8-24 P&A is complete. The well head was cut and capped on 7/18/2018. The pumping unit and motor were removed on 7/12/2018. The Separator was removed on 7/13/2018 The flow line had already been removed a the time of this work.
HSR-AILAND 8-24
FL-HSR-AILAND 8-24

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

Signed: _____ Date: 08/29/2018 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**

401730461	Form44 Submitted
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Total Attach: 1 Files