

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:

10/05/2018

Document Number:

401786054

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: 459332 Location Type: Production Facilities  
Name: AMATO-61N66W TANK Number: 1SEW  
County: WELD  
Qtr Qtr: SENW Section: 1 Township: 1N Range: 66W Meridian: 6  
Latitude: 40.080617 Longitude: -104.727756

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459952 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.080616 Longitude: -104.727763 PDOP: 2.0 Measurement Date: 12/11/2017  
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305399 Location Type: Well Site [ ] No Location ID  
Name: AMATO-61N66W Number: 1SEW  
County: WELD  
Qtr Qtr: SENW Section: 1 Township: 1N Range: 66W Meridian: 6  
Latitude: 40.081560 Longitude: -104.728523

Flowline Start Point Riser

Latitude: 40.081558 Longitude: -104.728485 PDOP: 1.5 Measurement Date: 12/11/2017  
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: 10/11/2005  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 459953 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.080617 Longitude: -104.727756 PDOP: 1.2 Measurement Date: 12/13/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 306073 Location Type: Well Site  No Location ID  
Name: AMATO-61N66W Number: 1SWNW  
County: WELD  
Qtr Qtr: SWNW Section: 1 Township: 1N Range: 66W Meridian: 6  
Latitude: 40.082587 Longitude: -104.733159

**Flowline Start Point Riser**

Latitude: 40.082592 Longitude: -104.733135 PDOP: 2.0 Measurement Date: 12/13/2017  
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: 08/12/2006  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OPERATOR COMMENTS AND SUBMITTAL**

Comments The Amato 12-1 P&A is complete. The well head was cut and capped on 9/10/2018. The entire flow line was removed on 9/18/2018.  
AMATO 12-1 05-123-23949 FL-AMATO 12-1  
The Amato 22-1 P&A is complete. The well head was cut and capped on 9/11/2018. The entire flow line was removed on 9/13/2018. The entire tank battery was removed on 9/12/2018.  
AMATO 22-1 05-123-22916 FL-AMATO 22-1

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.  
Signed: \_\_\_\_\_ Date: 10/05/2018 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: 12/14/2018

**Attachment Check List**

**Att Doc Num**

**Name**

401786054

Form44 Submitted

Total Attach: 1 Files