

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:

11/16/2018

Document Number:

401843344

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: 415463 Location Type: Production Facilities
Name: CANNON Number: W15-68-1HN TANK
County: WELD
Qtr Qtr: NENW Section: 15 Township: 2N Range: 66W Meridian: 6
Latitude: 40.142380 Longitude: -104.768060

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.142660 Longitude: -104.767913 PDOP: 1.5 Measurement Date: 09/10/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 428507 Location Type: Well Site [] No Location ID
Name: CANNON Number: W15-68-1HN
County: WELD
Qtr Qtr: SWNW Section: 15 Township: 2N Range: 66W Meridian: 6
Latitude: 40.141400 Longitude: -104.771780

Flowline Start Point Riser

Latitude: 40.141421 Longitude: -104.771802 PDOP: 2.0 Measurement Date: 09/10/2018
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: 10/10/2012
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.142648 Longitude: -104.767873 PDOP: 1.6 Measurement Date: 09/10/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 428507 Location Type: Well Site No Location ID
Name: CANNON Number: W15-68-1HN
County: WELD
Qtr Qtr: SWNW Section: 15 Township: 2N Range: 66W Meridian: 6
Latitude: 40.141400 Longitude: -104.771780

Flowline Start Point Riser

Latitude: 40.141360 Longitude: -104.771800 PDOP: 1.6 Measurement Date: 09/10/2018
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: 10/15/2012
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments The Cannon W15-68-1HN P&A is complete. The well head was cut and capped on 10/29/2018. The entire flow line was removed on 11/1/2018. The entire tank battery associated to this well was removed on 11/7/2018.
CANNON W15-67-1HN 05-123-35385 FL CANNON W15-67-1HN

The Cannon W15-68-1HN P&A is complete. The well head was cut and capped on 10/29/2018. The entire flow line was removed on 11/11/2018. The entire tank battery associated to this well was removed on 11/7/2018.
CANNON W15-68-1HN 05-123-35386 FL CANNON W15-68-1HN

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 11/16/2018 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: _____

Attachment Check List

Att Doc Num

Name

Att Doc Num	Name

Total Attach: 0 Files