

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

11/16/2018

Document Number:

401843650

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: 317836 Location Type: Production Facilities
Name: DOWDY Number: 13-11
County: WELD
Qtr Qtr: SWSW Section: 11 Township: 2N Range: 65W Meridian: 6
Latitude: 40.148690 Longitude: -104.636880

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458971 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.148697 Longitude: -104.637328 PDOP: 1.5 Measurement Date: 05/25/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317836 Location Type: Well Site [] No Location ID
Name: DOWDY Number: 13-11
County: WELD
Qtr Qtr: SWSW Section: 11 Township: 2N Range: 65W Meridian: 6
Latitude: 40.148690 Longitude: -104.636880

Flowline Start Point Riser

Latitude: 40.148551 Longitude: -104.636905 PDOP: 1.1 Measurement Date: 05/16/2018
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: 05/02/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 09/24/2018

Description of Abandonment

The Dowdy 13-11 P&A is complete. The well head was cut and capped on 9/13/2018. The entire flow line was removed on 9/24/2018.
DOWDY 13-11 05-123-32727 FL-DOWDY 13-11

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458970 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.148709 Longitude: -104.637337 PDOP: _____ Measurement Date: 05/25/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317836 Location Type: Well Site No Location ID
Name: DOWDY Number: 13-11
County: WELD
Qtr Qtr: SWSW Section: 11 Township: 2N Range: 65W Meridian: 6
Latitude: 40.148690 Longitude: -104.636880

Flowline Start Point Riser

Latitude: 40.148551 Longitude: -104.636801 PDOP: _____ Measurement Date: 05/25/2018
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: 05/02/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 09/24/2018

Description of Abandonment

The entire flow line for the Dowdy 36-11 has now been removed during other work activities on location on 9/24/2018.
DOWDY 36-11 05-123-32725 FL-DOWDY 36-11

OPERATOR COMMENTS AND SUBMITTAL

Comments

The entire flow line for the Dowdy 36-11 has now been removed during other work activities on location on 9/24/2018.
DOWDY 36-11 05-123-32725 FL-DOWDY 36-11
The Dowdy 13-11 P&A is complete. The well head was cut and capped on 9/13/2018. The entire flow line was removed on 9/24/2018.
DOWDY 13-11 05-123-32727 FL-DOWDY 13-11

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**

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

Total Attach: 0 Files