

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

11/30/2018

Document Number:

401856818

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: 426576 Location Type: Production Facilities
Name: RICE TANK BATTERY Number: 2C-33HZ
County: WELD
Qtr Qtr: NWSE Section: 33 Township: 3N Range: 66W Meridian: 6
Latitude: 40.178413 Longitude: -104.779809

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459303 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.178427 Longitude: -104.779929 PDOP: 1.5 Measurement Date: 06/11/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330051 Location Type: Well Site [] No Location ID
Name: HSR-PAUL SCHMIDT-63N66W Number: 33SESE
County: WELD
Qtr Qtr: SESE Section: 33 Township: 3N Range: 66W Meridian: 6
Latitude: 40.176110 Longitude: -104.775090

Flowline Start Point Riser

Latitude: 40.176113 Longitude: -104.775092 PDOP: 1.4 Measurement Date: 06/11/2018
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: 07/30/2009
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 09/24/2018

Description of Abandonment

The HSR-Paul Schmidt P&A is complete. The well head was cut and capped on 10/1/2018. The entire flow line was removed on 9/24/2018.
HSR-PAUL SCHMIDT 16-33 05-123-18274 FL-HSR-PAUL SCHMIDT 16-33A

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459065 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.178375 Longitude: -104.779943 PDOP: 1.3 Measurement Date: 06/11/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 329140 Location Type: _____ Well Site No Location ID
Name: HSR-TRIMBLE-63N66W Number: 33NWSE
County: WELD
Qtr Qtr: NWSE Section: 33 Township: 3N Range: 66W Meridian: 6
Latitude: 40.179700 Longitude: -104.779830

Flowline Start Point Riser

Latitude: 40.179698 Longitude: -104.779823 PDOP: 1.7 Measurement Date: 06/11/2018
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: 07/10/2002
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459066 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.178370 Longitude: -104.779927 PDOP: 1.4 Measurement Date: 06/11/2018

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327237 Location Type: Well Site No Location ID

Name: RICE Number: 2C-33HZ

County: WELD

Qtr Qtr: SWSE Section: 33 Township: 3N Range: 66W Meridian: 6

Latitude: 40.176089 Longitude: -104.779775

Flowline Start Point Riser

Latitude: 40.176103 Longitude: -104.779771 PDOP: 1.3 Measurement Date: 06/11/2018

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: 10/13/2010

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date:

Description of Removal from Service

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459064 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.178370 Longitude: -104.779934 PDOP: 1.3 Measurement Date: 06/11/2018

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305445 Location Type: Well Site No Location ID

Name: RICE-63N66W Number: 33SWSE

County: WELD

Qtr Qtr: SWSE Section: 33 Township: 3N Range: 66W Meridian: 6

Latitude: 40.177580 Longitude: -104.781660

Flowline Start Point Riser

Latitude: 40.177589 Longitude: -104.781667 PDOP: 1.7 Measurement Date: 06/11/2018

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Pipe Material: Max Outer Diameter:(Inches)

11/13/2008

Bedding Material:

Date Construction Completed:

Maximum Anticipated Operating Pressure (PSI): _____

Testing PSI: _____

Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service

OPERATOR COMMENTS AND SUBMITTAL

Comments

The HSR-Paul Schmidt P&A is complete. The well head was cut and capped on 10/1/2018. The entire flow line was removed on 9/24/2018.
HSR-PAUL SCHMIDT 16-33 05-123-18274 FL-HSR-PAUL SCHMIDT 16-33A

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

Signed: _____ Date: 11/30/2018 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

Total Attach: 0 Files