

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:

11/30/2018

Document Number:

401857065

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: 419689 Location Type: Production Facilities  
Name: REI TANK BATTERY Number: 31-5HZ  
County: WELD  
Qtr Qtr: NWSE Section: 5 Township: 3N Range: 65W Meridian: 6  
Latitude: 40.251365 Longitude: -104.682998

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 457571 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.251054 Longitude: -104.683178 PDOP: 1.2 Measurement Date: 05/20/2018  
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 329338 Location Type: Well Site [ ] No Location ID  
Name: HSR-PAGE-63N65W Number: 5NWSE  
County: WELD  
Qtr Qtr: NWSE Section: 5 Township: 3N Range: 65W Meridian: 6  
Latitude: 40.251360 Longitude: -104.683580

Flowline Start Point Riser

Latitude: 40.251404 Longitude: -104.683596 PDOP: 1.2 Measurement Date: 05/20/2018  
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: 10/15/1994  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 08/30/2018

**Description of Abandonment**

HSR-PAGE 10-5 05-123-17198 FL-HSR-PAGE 10-5  
The HSR-Page 10-5 P&A is complete. The well head was cut and capped on 8/17/2018. The entire flow line was removed on 8/30/2018.

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 457697 Flowline Type: Wellhead Line Action Type: \_\_\_\_\_

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.251056 Longitude: -104.683163 PDOP: 1.8 Measurement Date: 05/20/2018  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 329410 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: REI Number: 31-5HZ  
County: WELD  
Qtr Qtr: SESE Section: 5 Township: 3N Range: 65W Meridian: 6  
Latitude: 40.248530 Longitude: -104.680200

**Flowline Start Point Riser**

Latitude: 40.248539 Longitude: -104.680187 PDOP: 1.5 Measurement Date: 05/20/2018  
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: 10/19/2001  
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-Page 10-5 P&A is complete. The well head was cut and capped on 8/17/2018. The entire flow line was removed on 8/30/2018.

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**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
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Total Attach: 0 Files