

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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OGCC RECEPTION

Receive Date:

11/02/2018

Document Number:

401823245

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: 460725 Location Type: Production Facilities
Name: MOSER-63N65W_BATT Number: 28SWSW
County: WELD
Qtr Qtr: SWSW Section: 28 Township: 3N Range: 65W Meridian: 6
Latitude: 40.189637 Longitude: -104.677535

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460949 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.189637 Longitude: -104.677535 PDOP: 1.3 Measurement Date: 06/01/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336532 Location Type: Well Site [] No Location ID
Name: MOSER-63N65W Number: 28SWSW
County: WELD
Qtr Qtr: SWSW Section: 28 Township: 3N Range: 65W Meridian: 6
Latitude: 40.190541 Longitude: -104.676247

Flowline Start Point Riser

Latitude: 40.190451 Longitude: -104.676257 PDOP: 3.2 Measurement Date: 06/01/2018
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: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460950 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.189678 Longitude: -104.677684 PDOP: _____ Measurement Date: 06/01/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 329502 Location Type: _____ Well Site No Location ID
Name: MOORE UPRC H-63N65W Number: 28NWSW
County: WELD
Qtr Qtr: NWSW Section: 28 Township: 3N Range: 65W Meridian: 6
Latitude: 40.194520 Longitude: -104.676300

Flowline Start Point Riser

Latitude: 40.194527 Longitude: -104.676329 PDOP: _____ Measurement Date: 06/01/2018
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: 08/05/2009
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460951 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.189637 Longitude: -104.677535 PDOP: 1.3 Measurement Date: 06/01/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336532 Location Type: _____ Well Site No Location ID
Name: MOSER-63N65W Number: 28SWSW
County: WELD
Qtr Qtr: SWSW Section: 28 Township: 3N Range: 65W Meridian: 6
Latitude: 40.190541 Longitude: -104.676247

Flowline Start Point Riser

Latitude: 40.190545 Longitude -104.676275 PDOP: 1.3 Measurement Date: 06/01/2018

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: 08/05/2009

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

The remaining section of flow line has been removed for this well.
MOSER 33-28 05-123-29440 FL-MOSER 33-28

This entire flow line was removed on 9/28 with other work activities
MOORE UPRC H 28-12 05-123-17440 MOORE UPRC H 28-12

The Moser 13-28 P&A is complete. The well head was cut and capped on 9/28/2018. The entire flow line and separator were removed on 9/29/2018.
MOSER 13-28 05-123-29441 FL-MOSER 13-28

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

Signed: _____ Date: 11/02/2018 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: 1/23/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401823245	Form44 Submitted

Total Attach: 1 Files