

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

12/17/2018

Document Number:

401876662

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: 327163 Location Type: Production Facilities
Name: STATE DECHANT-62N67W Number: 16SEnw
County: WELD
Qtr Qtr: SENW Section: 16 Township: 2N Range: 67W Meridian: 6
Latitude: 40.141050 Longitude: -104.898820

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456687 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.141432 Longitude: -104.898818 PDOP: 1.5 Measurement Date: 11/27/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330817 Location Type: Well Site [] No Location ID
Name: DECHANT STATE V-62N67W Number: 16NESW
County: WELD
Qtr Qtr: NESW Section: 16 Township: 2N Range: 67W Meridian: 6
Latitude: 40.136920 Longitude: -104.897300

Flowline Start Point Riser

Latitude: 40.136908 Longitude: -104.897277 PDOP: 1.5 Measurement Date: 11/27/2017
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: 10/20/1998
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 06/27/2018

Description of Removal from Service

DECHANT STATE V 16-11 JI 0 512319681
The well head was cut and capped on 6/27/2018. The entire flow line was removed on 7/6/2018.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 457297 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.141438 Longitude: -104.898830 PDOP: 1.2 Measurement Date: 12/27/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 406308 Location Type: _____ Well Site No Location ID
Name: STANLEY-62N67W Number: 16SWNE
County: WELD
Qtr Qtr: SWNE Section: 16 Township: 2N Range: 67W Meridian: 6
Latitude: 40.140057 Longitude: -104.902724

Flowline Start Point Riser

Latitude: 40.139847 Longitude: -104.903161 PDOP: 1.3 Measurement Date: 12/27/2017
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: 09/08/2000
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: _____ Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.141431 Longitude: -104.898827 PDOP: 1.4 Measurement Date: 12/27/2017

Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 327163 Location Type: Well Site No Location ID

Name: STATE DECHANT-62N67W Number: 16SEW

County: WELD

Qtr Qtr: SENW Section: 16 Township: 2N Range: 67W Meridian: 6

Latitude: 40.141050 Longitude: -104.898820

Flowline Start Point Riser

Latitude: 40.141056 Longitude: -104.898795 PDOP: 1.3 Measurement Date: 12/27/2017

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: 07/03/1993

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

OPERATOR COMMENTS AND SUBMITTAL

Comments The State Dechant 2-16 P&A is complete. The well head was cut and capped on 11/26/2018. The entire flow line was removed on 11/20/2018. The entire tank battery was removed on 11/26/2018.

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

Signed: Date: 12/17/2018 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