

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:

12/18/2018

Document Number:

401878350

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: 459274 Location Type: Production Facilities
Name: CANNON Number: 33NWN
County: WELD
Qtr Qtr: NWNE Section: 33 Township: 3N Range: 65W Meridian: 6
Latitude: 40.188866 Longitude: -104.665751

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459841 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.188866 Longitude: -104.665751 PDOP: 1.5 Measurement Date: 06/04/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327298 Location Type: Well Site [] No Location ID
Name: CANNON Number: 24-33
County: WELD
Qtr Qtr: NENE Section: 33 Township: 3N Range: 65W Meridian: 6
Latitude: 40.186483 Longitude: -104.662717

Flowline Start Point Riser

Latitude: 40.186590 Longitude: -104.662600 PDOP: Measurement Date: 06/04/2018
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: 10/01/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 07/25/2018

Description of Abandonment

The Cannon 24-33 FL has been moved to a new HZ facility and we removed the old flow line on 7/25/2018.
CANNON 24-33 512330606 FLOWLINE CANNON 24-33

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459842 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.188869 Longitude: -104.665732 PDOP: 1.5 Measurement Date: 06/04/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327298 Location Type: _____ Well Site No Location ID
Name: CANNON Number: 24-33
County: WELD
Qtr Qtr: NENE Section: 33 Township: 3N Range: 65W Meridian: 6
Latitude: 40.186483 Longitude: -104.662717

Flowline Start Point Riser

Latitude: 40.186666 Longitude: -104.662690 PDOP: 2.0 Measurement Date: 06/04/2018
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: 10/01/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 07/25/2018

Description of Abandonment

The Cannon 27-33 Flow line has been moved into a new HZ facility and the old flow line was completely removed on 7/25/2018.
CANNON 27-33 512330605 FLOWLINE CANNON 27-33

OPERATOR COMMENTS AND SUBMITTAL

Comments

The Cannon 24-33 FL has been moved to a new HZ facility and we removed the old flow line on 7/25/2018.
CANNON 24-33 512330606 FLOWLINE CANNON 24-33

The Cannon 27-33 Flow line has been moved into a new HZ facility and the old flow line was completely removed on 7/25/2018.
CANNON 27-33 512330605 FLOWLINE CANNON 27-33

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

Signed: _____ Date: 12/18/2018 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

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