

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:

01/04/2019

Document Number:

401893766

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: Location Type: Production Facilities
Name: WILLARD STATE X-62N65W-TANK Number: 36NWSW
County: WELD
Qtr Qtr: NWSW Section: 36 Township: 2N Range: 65W Meridian: 6
Latitude: 40.094889 Longitude: -104.619752

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser
Latitude: 40.094889 Longitude: -104.619752 PDOP: 1.2 Measurement Date: 06/08/2018
Equipment at End Point Riser: Separator
Flowline Start Point Location Identification
Location ID: 309838 Location Type: Well Site [] No Location ID
Name: WILLARD STATE X-62N65W Number: 36SWNW
County: WELD
Qtr Qtr: SWNW Section: 36 Township: 2N Range: 65W Meridian: 6
Latitude: 40.096454 Longitude: -104.619271
Flowline Start Point Riser
Latitude: 40.096459 Longitude: -104.619287 PDOP: 1.2 Measurement Date: 06/08/2018
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: 03/20/2009
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

The Willard State X 36-5 P&A is complete. The well head was cut and capped on 12/10/2018. The entire flow line was removed on 12/19/2018. The entire tank battery was removed on 12/19/2018 WILLARD STATE X 36-5 05-123-25443 FL-WILLARD STATE X 36-5
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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 01/04/2019 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