

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

01/25/2019

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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: 450403 Location Type: Production Facilities
Name: UPV 33-1J6 & 33-8J6 BATTERY Number:
County: WELD
Qtr Qtr: SENE Section: 33 Township: 3N Range: 66W Meridian: 6
Latitude: 40.181663 Longitude: -104.773969

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 457455 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser
Latitude: 40.181684 Longitude: -104.773777 PDOP: 1.2 Measurement Date: 05/01/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336094 Location Type: Well Site [] No Location ID
Name: UPV-63N66W Number: 33SENE
County: WELD
Qtr Qtr: SENE Section: 33 Township: 3N Range: 66W Meridian: 6
Latitude: 40.183260 Longitude: -104.774880

Flowline Start Point Riser

Latitude: 40.183254 Longitude: -104.774858 PDOP: 2.0 Measurement Date: 05/01/2018
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: 12/09/1994
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: 459713 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.181685 Longitude: -104.773763 PDOP: _____ Measurement Date: 05/01/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 329911 Location Type: _____ Well Site No Location ID
Name: UPV-63N66W Number: 33NENE
County: WELD
Qtr Qtr: NENE Section: 33 Township: 3N Range: 66W Meridian: 6
Latitude: 40.187080 Longitude: -104.774970

Flowline Start Point Riser

Latitude: 40.187065 Longitude: -104.774950 PDOP: _____ Measurement Date: 05/01/2018
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: 12/15/1994
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 10/23/2018

Description of Abandonment

The UPV 33-1J6 P & A is complete, the well head was cut and capped on 11/13/17. The flow line will remain in place for now due to crops until July 2018. The entire flow line was removed for the UPV 33-1j6 on 10/23/2018 after crops.

OPERATOR COMMENTS AND SUBMITTAL

Comments

The UPV 33-1J6 P & A is complete, the well head was cut and capped on 11/13/17. The flow line will remain in place for now due to crops until July 2018. The entire flow line was removed for the UPV 33-1j6 on 10/23/2018 after crops.
UPV 33-1J6 05-123-18026 FL-UPV 33-1J6

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

Signed: _____ Date: 01/25/2019 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

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files