

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:

01/25/2019

Document Number:

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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: 317944 Location Type: Production Facilities  
Name: RATTLER TANK BATTERY Number: 4N-34HZ  
County: WELD  
Qtr Qtr: SWSW Section: 34 Township: 3N Range: 66W Meridian: 6  
Latitude: 40.177300 Longitude: -104.769020

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459582 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.177180 Longitude: -104.768484 PDOP: 1.8 Measurement Date: 08/28/2018  
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331958 Location Type: Well Site [ ] No Location ID  
Name: RATTLER Number: 34N-3HZ  
County: WELD  
Qtr Qtr: SWSW Section: 34 Township: 3N Range: 66W Meridian: 6  
Latitude: 40.175480 Longitude: -104.771060

Flowline Start Point Riser

Latitude: 40.175495 Longitude: -104.771074 PDOP: 1.8 Measurement Date: 08/27/2018  
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: 07/12/2011  
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: 456618 Flowline Type: Wellhead Line Action Type: \_\_\_\_\_

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.177081 Longitude: -104.768510 PDOP: \_\_\_\_\_ Measurement Date: 06/29/2018  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 336174 Location Type: \_\_\_\_\_ Well Site  No Location ID

Name: HSR-ZELDIN-63N66W Number: 34SESW

County: WELD

Qtr Qtr: SESW Section: 34 Township: 3N Range: 66W Meridian: 6

Latitude: 40.176180 Longitude: -104.765580

**Flowline Start Point Riser**

Latitude: 40.176243 Longitude: -104.765757 PDOP: \_\_\_\_\_ Measurement Date: 06/29/2018

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: 07/31/2008  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE REMOVAL FROM SERVICE**

Date: 06/29/2018

**Description of Removal from Service**

The remaining section of flow line for the Mayer 23-34 has been removed on 6/29/2018 while working on another job.  
MAYER 23-34 0512325853

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 456620 Flowline Type: Wellhead Line Action Type: \_\_\_\_\_

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.177080 Longitude: -104.768516 PDOP: 1.2 Measurement Date: 06/21/2018  
 Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 336174 Location Type: Well Site  No Location ID  
 Name: HSR-ZELDIN-63N66W Number: 34SESW  
 County: WELD  
 Qtr Qtr: SESW Section: 34 Township: 3N Range: 66W Meridian: 6  
 Latitude: 40.176180 Longitude: -104.765580

**Flowline Start Point Riser**

Latitude: 40.176157 Longitude -104.765755 PDOP: 1.6 Measurement Date: 06/19/2018  
 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: 07/31/2008  
 Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
 Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE REMOVAL FROM SERVICE**

Date: 06/29/2018

**Description of Removal from Service**

The well head was cut and capped on 6/20/2018. The entire flow line was removed on 6/29/2018.  
 MAYER 35-34 0512325726

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 459742 Flowline Type: Wellhead Line Action Type: Abandonment

**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**

Latitude: 40.177128 Longitude: -104.768487 PDOP: 1.6 Measurement Date: 08/28/2018  
 Equipment at End Point Riser: Well

**Flowline Start Point Location Identification**

Location ID: 336174 Location Type: Well Site  No Location ID  
 Name: HSR-ZELDIN-63N66W Number: 34SESW  
 County: WELD  
 Qtr Qtr: SESW Section: 34 Township: 3N Range: 66W Meridian: 6  
 Latitude: 40.176180 Longitude: -104.765580

**Flowline Start Point Riser**

Latitude: 40.176184 Longitude -104.765583 PDOP: 1.3 Measurement Date: 08/28/2018  
 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: 11/17/1989  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 10/16/2018

**Description of Abandonment**

The HSR-Zeldin 14-34 P&A is complete. The well head was cut and capped on 10/17/2018. The entire flow line was removed on 10/16/2018.

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 459581 Flowline Type: Wellhead Line Action Type: \_\_\_\_\_

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.177127 Longitude: -104.768523 PDOP: 1.4 Measurement Date: 08/28/2018  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 336127 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: HSR-MADELINE MAYER-63N66W Number: 34NWSW  
County: WELD  
Qtr Qtr: NWSW Section: 34 Township: 3N Range: 66W Meridian: 6  
Latitude: 40.179642 Longitude: -104.770390

**Flowline Start Point Riser**

Latitude: 40.179615 Longitude: -104.770376 PDOP: 1.5 Measurement Date: 08/27/2018  
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: 07/30/2008  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE REMOVAL FROM SERVICE**

Date: \_\_\_\_\_

**Description of Removal from Service**

\_\_\_\_\_

**OPERATOR COMMENTS AND SUBMITTAL**

Comments

The HSR-Zeldin 14-34 P&A is complete. The well head was cut and capped on 10/17/2018. The entire flow line was removed on 10/16/2018.  
HSR-ZELDIN 14-34 05-123-14341 FL HSR-ZELDEN 14-34

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**

**Att Doc Num**      **Name**

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

Total Attach: 0 Files