

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: 323030 Location Type: Production Facilities
Name: BOOCK-62N66W Number: 4SWNW
County: WELD
Qtr Qtr: SWNW Section: 4 Township: 2N Range: 66W Meridian: 6
Latitude: 40.169627 Longitude: -104.787970

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459779 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.170199 Longitude: -104.788005 PDOP: 1.2 Measurement Date: 05/24/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327929 Location Type: Well Site [] No Location ID
Name: KUGEL-62N66W Number: 4SEnw
County: WELD
Qtr Qtr: SENW Section: 4 Township: 2N Range: 66W Meridian: 6
Latitude: 40.168745 Longitude: -104.784548

Flowline Start Point Riser

Latitude: 40.168739 Longitude: -104.784531 PDOP: 1.4 Measurement Date: 05/24/2018
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: 12/16/1991
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 10/12/2018

Description of Abandonment

The Kugel W 4-6 P&A is complete. The well head was cut and capped on 10/3/2018. The entire flow line was removed on 10/12/2018.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459780 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.170199 Longitude: -104.788012 PDOP: 1.6 Measurement Date: 05/24/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327966 Location Type: _____ Well Site No Location ID
Name: KUGEL W-62N66W Number: 4NENW
County: WELD
Qtr Qtr: NENW Section: 4 Township: 2N Range: 66W Meridian: 6
Latitude: 40.172620 Longitude: -104.784474

Flowline Start Point Riser

Latitude: 40.172623 Longitude: -104.784467 PDOP: 2.0 Measurement Date: 05/24/2018
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: 12/16/1991
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 10/23/2018

Description of Abandonment

The Kugel W 4-3 P&A is complete. The well head was cut and capped on 10/9/2018. The entire flow line was removed on 10/23/2018. The entire tank battery was removed on 10/10/2018.

OPERATOR COMMENTS AND SUBMITTAL

Comments

The Kugel W 4-3 P&A is complete. The well head was cut and capped on 10/9/2018. The entire flow line was removed on 10/23/2018. The entire tank battery was removed on 10/10/2018.
KUGELW 4-3 05-123-15374 FL-KUGEL W 4-3

The Kugel W 4-6 P&A is complete. The well head was cut and capped on 10/3/2018. The entire flow line was removed on 10/12/2018.
KUGEL W 4-6 05-123-15331 FL-KUGEL W4-6

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

Total Attach: 0 Files