

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

12/14/2018

Document Number:

401875396

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 ☒ No ☐

OFF LOCATION FLOWLINE**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: Location Type: Production Facilities
Name: VARRA TANK BATTERY Number: 32SESE
County: WELD
Qtr Qtr: SESE Section: 32 Township: 3N Range: 67W Meridian: 6
Latitude: 40.175436 Longitude: -104.905832

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 40.175436 Longitude: -104.905832 PDOP: 1.4 Measurement Date: 08/08/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330474 Location Type: Well Site ☐ No Location ID
Name: VARRA Number: 20-32
County: WELD
Qtr Qtr: SESE Section: 32 Township: 3N Range: 67W Meridian: 6
Latitude: 40.176394 Longitude: -104.906000

Flowline Start Point Riser

Latitude: 40.176274 Longitude: -104.905978 PDOP: 1.3 Measurement Date: 08/08/2017
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: 03/22/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459302 Flowline Type: Wellhead Line Action Type: _____

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

Latitude: 40.175383 Longitude: -104.905848 PDOP: 1.5 Measurement Date: 08/15/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330473 Location Type: _____ Well Site ☐ No Location ID
Name: HSR-HEINTZELMAN-63N67W Number: 32NESE
County: WELD
Qtr Qtr: NESE Section: 32 Township: 3N Range: 67W Meridian: 6
Latitude: 40.179981 Longitude: -104.905958

Flowline Start Point Riser

Latitude: 40.179991 Longitude: -104.905955 PDOP: 1.5 Measurement Date: 08/08/2017
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: 12/17/2004
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: _____ Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.175443 Longitude: -104.905846 PDOP: 1.3 Measurement Date: 08/08/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330474 Location Type: _____ Well Site ☐ No Location ID
Name: VARRA Number: 20-32

County: WELD

Qtr Qtr: SESE Section: 32 Township: 3N Range: 67W Meridian: 6

Latitude: 40.176394 Longitude: -104.906000

Flowline Start Point Riser

Latitude: 40.176278 Longitude -104.906035 PDOP: 1.5 Measurement Date: 08/08/2017
:

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: 03/22/2011

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.175442 Longitude: -104.905854 PDOP: 1.3 Measurement Date: 08/08/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330474 Location Type: Well Site ☐ No Location ID

Name: VARRA Number: 20-32

County: WELD

Qtr Qtr: SESE Section: 32 Township: 3N Range: 67W Meridian: 6

Latitude: 40.176394 Longitude: -104.906000

Flowline Start Point Riser

Latitude: 40.176280 Longitude -104.906089 PDOP: 1.5 Measurement Date: 08/08/2017
:

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: 03/22/2011

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

The Varra 39-32 P&A is complete. The well head was cut and capped on 11/16/2018. The entire flow line was removed on 11/25/2018. The entire tank battery was removed on 11/28/2018.

The Varra 37-32x P&A is complete. The well head was cut and capped on 11/16/2018. The entire flow line was removed on 11/29/2018.

The Varra 20-32 P&A is complete. The well head was cut and capped on 11/16/2018. The entire flow line was removed on 11/26/2018.

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

Signed: _____ Date: 12/14/2018 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

Att Doc Num

Name

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Total Attach: 0 Files