

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:

01/11/2019

Document Number:

401902304

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: 426576 Location Type: Production Facilities
Name: RICE TANK BATTERY Number: 2C-33HZ
County: WELD
Qtr Qtr: NWSE Section: 33 Township: 3N Range: 66W Meridian: 6
Latitude: 40.178413 Longitude: -104.779809

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461934 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.178214 Longitude: -104.779778 PDOP: 1.5 Measurement Date: 06/11/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327237 Location Type: Well Site ☐ No Location ID
Name: RICE Number: 2C-33HZ
County: WELD
Qtr Qtr: SWSE Section: 33 Township: 3N Range: 66W Meridian: 6
Latitude: 40.176089 Longitude: -104.779775

Flowline Start Point Riser

Latitude: 40.175957 Longitude: -104.779804 PDOP: 1.2 Measurement Date: 06/11/2018
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: 11/02/2012
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459743 Flowline Type: Wellhead Line Action Type: _____

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

Latitude: 40.178501 Longitude: -104.779931 PDOP: _____ Measurement Date: 06/11/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327633 Location Type: _____ Well Site ☐ No Location ID
Name: UPRR #22 PAN AM 'W'-63N66W Number: 33NESE
County: WELD
Qtr Qtr: NESE Section: 33 Township: 3N Range: 66W Meridian: 6
Latitude: 40.178710 Longitude: -104.777360

Flowline Start Point Riser

Latitude: 40.178707 Longitude: -104.777368 PDOP: 1.7 Measurement Date: 06/11/2018
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: 06/20/1991
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: 459064 Flowline Type: Wellhead Line Action Type: _____

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

Latitude: 40.178370 Longitude: -104.779934 PDOP: 1.3 Measurement Date: 06/11/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305445 Location Type: _____ Well Site ☐ No Location ID
Name: RICE-63N66W Number: 33SWSE

County: WELD

Qtr Qtr: SWSE Section: 33 Township: 3N Range: 66W Meridian: 6

Latitude: 40.177580 Longitude: -104.781660

Flowline Start Point Riser

Latitude: 40.177589 Longitude -104.781667 PDOP: 1.7 Measurement Date: 06/11/2018
:

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: 11/13/2008

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: 459303 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.178427 Longitude: -104.779929 PDOP: 1.5 Measurement Date: 06/11/2018

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330051 Location Type: _____ Well Site ☐ No Location ID

Name: HSR-PAUL SCHMIDT-63N66W Number: 33SESE

County: WELD

Qtr Qtr: SESE Section: 33 Township: 3N Range: 66W Meridian: 6

Latitude: 40.176110 Longitude: -104.775090

Flowline Start Point Riser

Latitude: 40.176113 Longitude -104.775092 PDOP: 1.4 Measurement Date: 06/11/2018
:

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: 07/30/2009

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: 461935 Flowline Type: Wellhead Line Action Type: Registration**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**Latitude: 40.178217 Longitude: -104.779647 PDOP: 1.2 Measurement Date: 06/11/2018Equipment at End Point Riser: Separator**Flowline Start Point Location Identification**Location ID: 327237 Location Type: _____ Well Site ☐ No Location IDName: RICE Number: 2C-33HZCounty: WELDQtr Qtr: SWSE Section: 33 Township: 3N Range: 66W Meridian: 6Latitude: 40.176089 Longitude: -104.779775**Flowline Start Point Riser**Latitude: 40.175951 Longitude: -104.779586 PDOP: 1.4 Measurement Date: 06/11/2018

:

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: 10/28/2012

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

Test Date: _____

FLOWLINE FACILITY INFORMATIONFlowline Facility ID: 461936 Flowline Type: Wellhead Line Action Type: Registration**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**Latitude: 40.178215 Longitude: -104.779714 PDOP: 1.6 Measurement Date: 06/11/2018Equipment at End Point Riser: Separator**Flowline Start Point Location Identification**Location ID: 327237 Location Type: _____ Well Site ☐ No Location IDName: RICE Number: 2C-33HZCounty: WELDQtr Qtr: SWSE Section: 33 Township: 3N Range: 66W Meridian: 6Latitude: 40.176089 Longitude: -104.779775**Flowline Start Point Riser**Latitude: 40.175955 -104.779692 PDOP: 1.4 Measurement Date: 06/11/2018

Longitude

:

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: 10/25/2012

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

Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459066 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.178370 Longitude: -104.779927 PDOP: 1.4 Measurement Date: 06/11/2018

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327237 Location Type: _____ Well Site ☐ No Location ID

Name: RICE Number: 2C-33HZ

County: WELD

Qtr Qtr: SWSE Section: 33 Township: 3N Range: 66W Meridian: 6

Latitude: 40.176089 Longitude: -104.779775

Flowline Start Point Riser

Latitude: 40.176103 Longitude: -104.779771 PDOP: 1.3 Measurement Date: 06/11/2018

:

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: 10/13/2010

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: 461937 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.178274 Longitude: -104.779926 PDOP: 1.5 Measurement Date: 06/11/2018

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327237 Location Type: Well Site ☐ No Location ID
Name: RICE Number: 2C-33HZ
County: WELD
Qtr Qtr: SWSE Section: 33 Township: 3N Range: 66W Meridian: 6
Latitude: 40.176089 Longitude: -104.779775

Flowline Start Point Riser

Latitude: 40.175953 Longitude: -104.779908 PDOP: 1.3 Measurement Date: 06/11/2018
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: 10/31/2012
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461938 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.178326 Longitude: -104.779926 PDOP: 1.6 Measurement Date: 06/11/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327237 Location Type: Well Site ☐ No Location ID
Name: RICE Number: 2C-33HZ
County: WELD
Qtr Qtr: SWSE Section: 33 Township: 3N Range: 66W Meridian: 6
Latitude: 40.176089 Longitude: -104.779775

Flowline Start Point Riser

Latitude: 40.175950 Longitude: -104.780014 PDOP: 1.4 Measurement Date: 06/11/2018
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: 10/31/2013
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459065 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.178375 Longitude: -104.779943 PDOP: 1.3 Measurement Date: 06/11/2018

Equipment at End Point Riser: Separator

Flowline Start Point Location IdentificationLocation ID: 329140 Location Type: Well Site ☐ No Location ID

Name: HSR-TRIMBLE-63N66W Number: 33NWSE

County: WELD

Qtr Qtr: NWSE Section: 33 Township: 3N Range: 66W Meridian: 6

Latitude: 40.179700 Longitude: -104.779830

Flowline Start Point Riser

Latitude: 40.179698 Longitude: -104.779823 PDOP: 1.7 Measurement Date: 06/11/2018

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: 07/10/2002

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

Registration only--Not P&A:
RICE 28N-33HZ 512334728 FL RICE 28N-33HZ
RICE 2N-33HZ 512334730 FL RICE 2N-33HZ
RICE 2C-33HZ 512334727 FL RICE 2C-33HZ
RICE 27N-33HZ 512334729 FL RICE 27N-33HZ
RICE 1N-33HZ 512334731 FL RICE 1N-33HZ

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

Signed: Date: 01/11/2019 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: 2/12/2019**Attachment Check List****Att Doc Num****Name**

401902304

Form44 Submitted

Total Attach: 1 Files