

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:

02/13/2019

Document Number:

401938644

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: 332698 Location Type: Production Facilities
Name: FRED MAYER-63N67W-TANK Number: 22SESE
County: WELD
Qtr Qtr: SESE Section: 22 Township: 3N Range: 67W Meridian: 6
Latitude: 40.207190 Longitude: -104.868185

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 40.207175 Longitude: -104.868149 PDOP: 1.5 Measurement Date: 06/14/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 329554 Location Type: Well Site ☐ No Location ID
Name: MAYER-63N67W Number: 22NWSE
County: WELD
Qtr Qtr: NWSE Section: 22 Township: 3N Range: 67W Meridian: 6
Latitude: 40.209352 Longitude: -104.874975

Flowline Start Point Riser

Latitude: 40.209339 Longitude: -104.874986 PDOP: 1.2 Measurement Date: 06/14/2017
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: 12/12/1993
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: 40.207197 Longitude: -104.868186 PDOP: 1.5 Measurement Date: 06/14/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327925 Location Type: _____ Well Site ☐ No Location ID
Name: JOHNNIE ULRICH UNIT /NAV/-63N67W Number: 22SWSE
County: WELD
Qtr Qtr: SWSE Section: 22 Township: 3N Range: 67W Meridian: 6
Latitude: 40.207350 Longitude: -104.872540

Flowline Start Point Riser

Latitude: 40.207324 Longitude: -104.872540 PDOP: 1.3 Measurement Date: 06/14/2017
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: 02/25/1992
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: 40.207196 Longitude: -104.868168 PDOP: 1.4 Measurement Date: 06/14/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 329642 Location Type: _____ Well Site ☐ No Location ID
Name: CHAMBERLAIN-63N67W Number: 22NESE
County: WELD
Qtr Qtr: NESE Section: 22 Township: 3N Range: 67W Meridian: 6
Latitude: 40.209172 Longitude: -104.869381

Flowline Start Point Riser

Latitude: 40.209152 Longitude -104.869355 PDOP: 1.3 Measurement Date: 06/14/2017

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: 01/10/1994

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: 40.207190 Longitude: -104.868185 PDOP: 1.9 Measurement Date: 06/14/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 329609 Location Type: Well Site ☐ No Location ID

Name: MAYER-63N67W Number: 22SWSE

County: WELD

Qtr Qtr: SWSE Section: 22 Township: 3N Range: 67W Meridian: 6

Latitude: 40.205580 Longitude: -104.874360

Flowline Start Point Riser

Latitude: 40.205582 Longitude -104.874364 PDOP: 1.1 Measurement Date: 06/14/2017

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: 04/17/2008

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: 40.207180 Longitude: -104.868165 PDOP: 1.3 Measurement Date: 06/14/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336253 Location Type: Well Site ☐ No Location ID

Name: MAYER-63N67W Number: 22SESE

County: WELD

Qtr Qtr: SESE Section: 22 Township: 3N Range: 67W Meridian: 6
Latitude: 40.206070 Longitude: -104.870420

Flowline Start Point Riser

Latitude: 40.206088 Longitude -104.870413 PDOP: 1.2 Measurement Date: 06/14/2017

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: 06/10/1993

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

Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments The Mayer 22-15 P&A is complete. The well head was cut and capped on 1/8/2019. A small section of flow line (75 feet) was removed on 1/8/2019. The rest of the flow line that remains in place has been GPS'd in.
MAYER 22-15 05-123-24686 MAYER 22-15L FLOWLINE
JOHNNIE ULRICH UNIT /NAV/ 2 512315326 JOHNNIE ULRICH UNIT /NAV/2 FLOWLINE
MAYER 22-16L 512317034 MAYER 22-16L FLOWLINE
MAYER 22-10L 512317519 MAYER 22-10L FLOWLINE
CHAMBERLAIN 22-9L 512317637 CHAMBERLAIN 22-9L FLOWLINE

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

Signed: _____ Date: 02/13/2019 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**

401938653	FLOWLINE LAYOUT DRAWING
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Total Attach: 1 Files