

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:

02/15/2019

Document Number:

401942009

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: 328563 Location Type: Production Facilities
Name: PLUSS-63N66W Number: 11SEW
County: WELD
Qtr Qtr: SENW Section: 11 Township: 3N Range: 66W Meridian: 6
Latitude: 40.242870 Longitude: -104.748620

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser
Latitude: 40.243476 Longitude: -104.748641 PDOP: Measurement Date: 08/01/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327464 Location Type: Well Site [] No Location ID
Name: PLUSS L Number: 11-20D
County: WELD
Qtr Qtr: SENW Section: 11 Township: 3N Range: 66W Meridian: 6
Latitude: 40.241270 Longitude: -104.746720

Flowline Start Point Riser

Latitude: 40.241278 Longitude: -104.746742 PDOP: Measurement Date: 01/20/2015
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: 10/02/1990
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments The PLUSS L 11-6 P & A is complete, the well was cut and capped on 10/3/16 and the flow line was removed on 10/5/16
PLUSS L 11-6 05-123-14730 FL PLUSS 11-6

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 02/15/2019 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