

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

12/11/2018

Document Number:

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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: CANDICE BARBER
Company Name: KERR MCGEE OIL & GAS ONSHORE LP Phone: (970) 515-1671
Address: P O BOX 173779 Email: CANDICE.BARBER@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: 458553 Location Type: Production Facilities
Name: MARTIN T. HART D-62N67W Number: 26NWNW
County: WELD
Qtr Qtr: NWNW Section: 26 Township: 2N Range: 67W Meridian: 6
Latitude: 40.112011 Longitude: -104.862350

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459687 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.112006 Longitude: -104.862354 PDOP: Measurement Date: 06/12/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319526 Location Type: Well Site [ ] No Location ID
Name: ALVIN VONASEK GU B TRUE-62N67W Number: 26SWNW
County: WELD
Qtr Qtr: SWNW Section: 26 Township: 2N Range: 67W Meridian: 6
Latitude: 40.112080 Longitude: -104.863730

Flowline Start Point Riser

Latitude: 40.112083 Longitude: -104.863742 PDOP: Measurement Date: 06/12/2018
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: 12/12/1983  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 06/12/2018

**Description of Abandonment**

removed the remaining flow line that was left behind for the Vonasek Alvin GU B True 1 on 6/12/2018  
ALVIN VONASEK GAS UNIT B TRUE 1 05-123-11410

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 459686 Flowline Type: Wellhead Line Action Type: Abandonment

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.112011 Longitude: -104.862350 PDOP: 1.3 Measurement Date: 05/11/2018

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 336344 Location Type: \_\_\_\_\_ Well Site  No Location ID

Name: MARTIN T. HART D-62N67W Number: 26NWNW

County: WELD

Qtr Qtr: NWNW Section: 26 Township: 2N Range: 67W Meridian: 6

Latitude: 40.115153 Longitude: -104.865204

**Flowline Start Point Riser**

Latitude: 40.115136 Longitude: -104.865619 PDOP: 1.3 Measurement Date: 05/11/2018

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: 11/18/2000  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 06/12/2018

**Description of Abandonment**

FLOWLINE WAS REMOVED 6/12/2018 ALONG WITH THE remaining flow line that was left behind for the  
Vonasek Alvin GU B True 1 on 6/12/2018  
ANDERSON 4-26A  
0512320047

**OPERATOR COMMENTS AND SUBMITTAL**

Comments

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

Signed: \_\_\_\_\_ Date: 12/11/2018 Email: CANDICE.BARBER@ANADARKO.COM

Print Name: CANDICE BARBER Title: REGULATORY ANALYST

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**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>

Total Attach: 0 Files