

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:

12/17/2018

Document Number:

401877320

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: 327916 Location Type: Production Facilities
Name: UNIT /A/ GAS UNIT-62N67W Number: 16SWSE
County: WELD
Qtr Qtr: SWSE Section: 16 Township: 2N Range: 67W Meridian: 6
Latitude: 40.134710 Longitude: -104.890830

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462207 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.134723 Longitude: -104.890835 PDOP: 1.2 Measurement Date: 12/16/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327916 Location Type: Well Site ☐ No Location ID
Name: UNIT /A/ GAS UNIT-62N67W Number: 16SWSE
County: WELD
Qtr Qtr: SWSE Section: 16 Township: 2N Range: 67W Meridian: 6
Latitude: 40.134710 Longitude: -104.890830

Flowline Start Point Riser

Latitude: 40.134325 Longitude: -104.890635 PDOP: 1.3 Measurement Date: 12/16/2017
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: 12/06/1991
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

The Unit A Gas Unit 2 P&A is complete, The well head was cut and capped on 12/6/2018. The entire flow line was removed on 12/10/2018.
UNIT A GAS UNIT 2 05-123-15316 FLOWLINE UNIT A GAS UNIT 2

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 12/17/2018 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: 2/19/2019

Attachment Check List**Att Doc Num****Name**

401877320

Form44 Submitted

Total Attach: 1 Files