

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:

01/14/2019

Document Number:

401903977

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: 306064 Location Type: Production Facilities
Name: KODAK-66N67W Number: 34SWNE
County: WELD
Qtr Qtr: SWNE Section: 34 Township: 6N Range: 67W Meridian: 6
Latitude: 40.446550 Longitude: -104.875470

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462329 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.446196 Longitude: -104.874968 PDOP: 1.2 Measurement Date: 12/18/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332292 Location Type: Well Site [] No Location ID
Name: KODAK-66N67W Number: 34NWSE
County: WELD
Qtr Qtr: NWSE Section: 34 Township: 6N Range: 67W Meridian: 6
Latitude: 40.442120 Longitude: -104.875540

Flowline Start Point Riser

Latitude: 40.442143 Longitude: -104.875528 PDOP: 1.1 Measurement Date: 12/18/2017
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: 08/29/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462330 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.446207 Longitude: -104.875033 PDOP: 1.1 Measurement Date: 12/18/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332285 Location Type: Well Site No Location ID
Name: KODAK-66n67w Number: 34NWNE
County: WELD
Qtr Qtr: NWNE Section: 34 Township: 6n Range: 67w Meridian: 6
Latitude: 40.448361 Longitude: -104.876330

Flowline Start Point Riser

Latitude: 40.448376 Longitude: -104.876318 PDOP: 1.6 Measurement Date: 12/18/2017
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: 03/28/2008
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462331 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.446198 Longitude: -104.875040 PDOP: 1.0 Measurement Date: 12/18/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 306064 Location Type: Well Site No Location ID
Name: KODAK-66N67W Number: 34SWNE
County: WELD
Qtr Qtr: SWNE Section: 34 Township: 6N Range: 67W Meridian: 6
Latitude: 40.446550 Longitude: -104.875470

Flowline Start Point Riser

Latitude: 40.446537 Longitude -104.875447 PDOP: 1.3 Measurement Date: 12/18/2017

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: 03/26/2007
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462332 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.446191 Longitude: -104.874976 PDOP: 1.1 Measurement Date: 12/18/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332284 Location Type: _____ Well Site No Location ID
Name: KODAK-66N67W Number: 34SWNE
County: WELD
Qtr Qtr: SWNE Section: 34 Township: 6N Range: 67W Meridian: 6
Latitude: 40.444650 Longitude: -104.876392

Flowline Start Point Riser

Latitude: 40.444643 Longitude -104.876362 PDOP: 1.2 Measurement Date: 12/18/2017
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: 12/13/2004
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462333 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.446199 Longitude: -104.875036 PDOP: 1.1 Measurement Date: 12/18/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332291 Location Type: _____ Well Site No Location ID
Name: KODAK-66N67W Number: 34NENE
County: WELD

Qtr Qtr: NENE Section: 34 Township: 6N Range: 67W Meridian: 6
Latitude: 40.448366 Longitude: -104.872542

Flowline Start Point Riser

Latitude: 40.448348 Longitude -104.872527 PDOP: 1.5 Measurement Date: 12/18/2017

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: 10/20/2004

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

Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Registartion only--Have not been P&A: KODAK 34-42 512322098 FLOW LINE KODAK 34-42 KODAK 34-15 512323932 FLOW LINE KODAK 34-15 KODAK 34-13 512322083 FLOW LINE KODAK 34-13 KODAK 34-12 512322084 FLOW LINE KODAK 34-12 KODAK 34-11 512322097 FLOW LINE KODAK 34-11
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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 01/14/2019 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: 2/22/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401903977	Form44 Submitted

Total Attach: 1 Files